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NUMBER 7

JULY
1942

# THE CANADIAN NURSE

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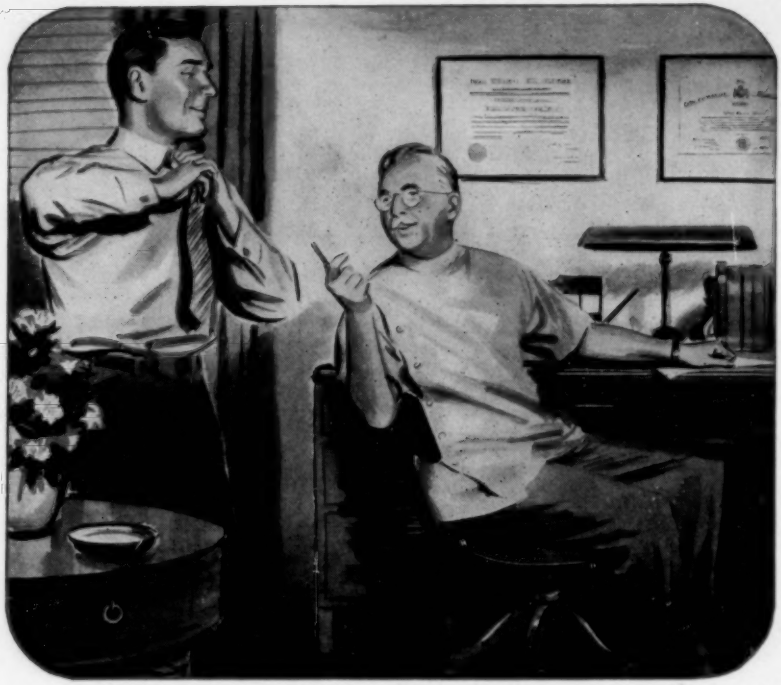

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(1) 1934, U.S. Pub. Health Reports 49, 754.
1939, J. Nutrition 17, 269.
1939, Ibid 18, 517.
1942, J. Am. Dietet. Assn. 18, 145.

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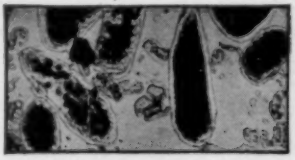
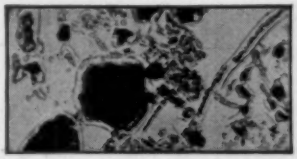
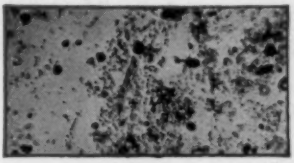


1. — Home-strained vegetables. Dark areas are tough walled food cells and fibres. No matter how carefully foods are strained, food cells and fibres are not completely broken up. Often they overtask an infant's delicate digestive system.



2. — Commercially-strained vegetables. Coarse fibres and whole food cells appear in the very finest canned strained foods obtainable. Digestive juices must penetrate food cell walls before their nutriment can be digested and assimilated.



3. — Libby's homogenized vegetables. Notice how homogenization refines food cells and coarse fibres into minute, smooth particles. The normal infant can digest nutriment easily, quickly, completely. Needed bulk, which helps prevent constipation, is left in form of refined bulk (instead of coarse roughage) that cannot irritate intestines.

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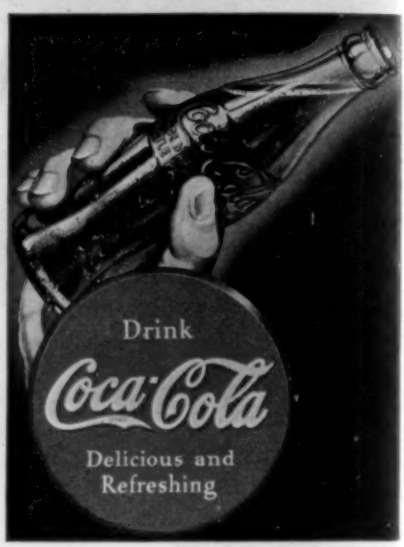


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1. "Impetigo Contagiosa Treated with Ammoniated Mercury-Colloidal Kaolin Lotion." A. G. Pratt, R. E. Imhoff, and H. B. Decker, J. M. Soc. New Jersey, 38:442 (July), 1939.

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# Reader's Guide

In his capacity as psychiatrist to the Royal Air Force, **Dr. Robert Dick Gillespie** recently delivered a remarkable address before the New York Academy of Medicine. The *Journal* is indebted to the Salmon Committee on Psychiatry and Mental Hygiene for permission to reprint an abridged version of this masterly analysis of psychoneurosis in time of war.

---

The care of patients who have undergone colostomy constitutes a challenge to the ingenuity and skill of the nurse. **Hester Bradley** presents a careful and eminently practical study of the principles and methods which will ensure the safety and comfort of the patient. Miss Bradley is a member of the Private Pavilion operating room staff in the Toronto General Hospital. She is also a member of the staff nurses committee which in recent issues have made such outstanding contributions to the *Journal*.

---

When the Hospital and School of Nursing Section undertook to sponsor a special page in the *Journal*, its members were afraid that they might not be able to secure even one article for each issue. It turned out that their fears were not justified and by way of proof the Section presents a symposium on the post-operative care of cleft palate in which a nurse, a speech pathologist and a physiotherapist are represented. The author of the article on nursing care is **Louise Destromp,** a member of the graduate staff of the Children's Memorial Hospital, Montreal, who has had much experience with these patients. Until recently **Mary W. Huber** was speech pathologist to the Children's Memorial Hospital and to the Montreal General Hospital. Her excellent presentation of the underlying principles of speech correction will be most helpful to nurses. The important part played by the physiotherapist is outlined by **Margaret G. Finley** who is a member of the staff of the physiotherapy department at the Children's Memorial Hospital.

A continuing fight against tuberculosis must be consistently carried on if this ancient enemy of mankind is to be overcome. **Dorothy Jones** tells us many interesting things about the work of the Saint John Tuberculosis Clinic. Miss Jones is herself a member of the nursing staff of the Clinic.

---

Owing to the demands made upon our restricted space by the Biennial Meeting of the Canadian Nurses Association, we were obliged to interrupt the interesting series of letters from Sweden written by **Elizabeth Lyster.** However here is another and particularly intriguing instalment.

---

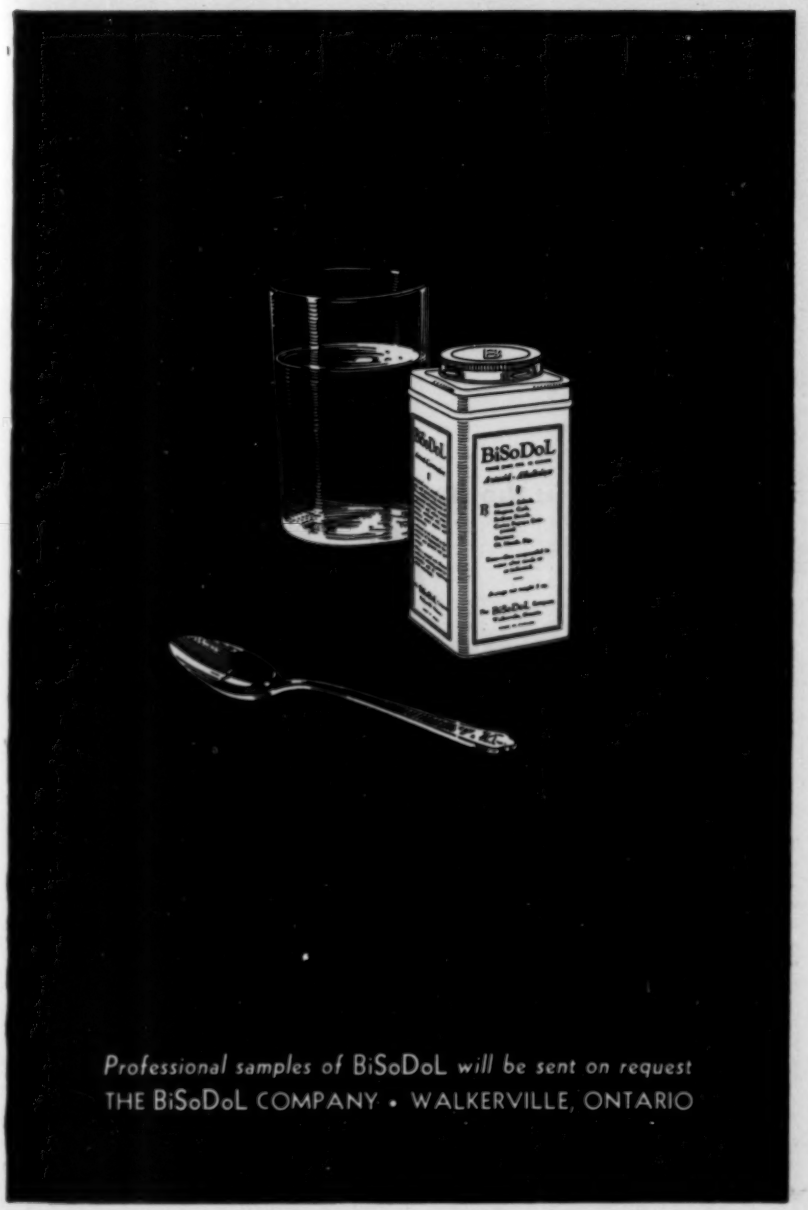
The importance of a well conducted central registry in the field of private duty nursing cannot be overestimated. Nor is its usefulness confined to nurses. **Dr. F. W. Rosher** tells us how well it serves the medical profession of Saskatoon and **Mildred Emmerton** has a word to say from the point of view of practical nurse registrants. Miss Emmerton is herself a practical nurse and registers for duty with the Central Registry in London, Ontario.

---

Nursing in Newfoundland may be difficult but it is never dull. **Mrs. C. A. S. Abernethy** tells a vivid story of just what happened in the course of the day's work.

---

Don't forget to glance over the reports of the annual meetings of the Provincial Registered Nurses Associations in Saskatchewan and Quebec. They reflect the splendid progress which is being made in both provinces. Under the caption of "Service on the Home Front" you will also find a letter which the Registered Nurses Association of British Columbia has recently addressed to its members and which is well worth reading.

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION
VOLUME THIRTY-EIGHT NUMBER SEVEN

JULY, 1942

# Psychoneurosis in Time of War

Dr. Robert Dick Gillespie, psychiatrist to the Royal Air Force, recently made a remarkable address before the New York Academy of Medicine in which he said that there are remarkably few cases of psychoneuroses among the members of the Royal Air Force. This is largely due to the extreme care which is used in selecting them. Only the mentally and emotionally stable get past the weeding-out process.

Moreover, everyone who flies for the R.A.F. has the professional attitude toward his work, whether he is a pilot or an air gunner, a mechanic or a rigger. His patriotic devotion is reinforced by his pride in his particular technique and his devotion to his job. As an illustration of the rarity of psychoneuroses among the R.A.F., Dr. Gillespie pointed out that a hospital specially built for the care of psychoneurotic victims had to be closed down after a few months and directed to other purposes because there were not enough patients to keep it going. One reason why there are fewer neurotics in this war than in the last is the greater importance which is attached to the individual. Even among the infantry today, a man tends to be more and more a technician and less of a foot slogger. Another class among which psychoneuroses are virtually unknown is the medical profession. Dr. Gillespie attributed this phenomenon to the fact that doctors also have a professional attitude toward their work because they have a great responsibility to others and have had a realistic education.

Surprisingly enough the war has given birth to two institutions which are highly successful as a preventive of psychoneuroses. Shelter life, with its common sharing of danger, has helped people to withstand peril better than isolation in small groups, which often contributes to the development of psychoneuroses. The feeling of being with others during an air raid, even in an insecure shelter, brings courage. Shelter

life and community centers fill a need for companionship and entertainment which were hitherto unmet. In large cities, before the war, there was the paradox of want amid plenty, social want in the midst of social possibilities. Now we find persons returning from safe areas to the shelters in large cities declaring "I'd rather be bombed than bored".

One of the most significant symptoms of psychoneuroses is the apathy noted in the battle-worn soldier as well as in those whose homes have been destroyed and whose lives are completely disorganized. This apathy is a modern equivalent of the passive acceptance or lethargic state known in the Middle Ages as "accidie". Psychiatry has tended to overlook its existence because the symptoms are negative rather than positive and it is usually the result of the continual thwarting of simple desires; in the case of the soldier, the repeated thwarting of the instinct of self-preservation; in the case of the civilian, the thwarting of the desire for activity.

Activity of some sort is a necessary condition of happiness and for many people a necessary preventive of psychoneurotic or anti-social behaviour. It is important for psychiatrists to recognize the apathy or restlessness which may precede psychoneuroses or anti-social acts. In wartime, this apathy often precedes symptoms of psychoneuroses among soldiers and fliers. Or else the continual thwarting of the desire for activity produces restlessness and irritability followed by rebellion. "The organism that is not active is half-way to death", Dr. Gillespie reminded his listeners. "After the war we may expect either a dangerous restlessness or an equally dangerous apathy unless we are as energetic in organizing peace as we have been in organizing war." It is possible that if psychiatrists had extended their observations, they might have been more useful in warning politicians of the threat to civilization contained in the thwarting of the activity instinct in such large sections of the world's population, leading in one country and at one time to the symptoms of apathy and later to delinquency on an international scale.

Dr. Gillespie considers the economic background of the individual to be a major influence in the development of psychoneuroses. In the poorest families there are the smallest number of psychoneurotic cases. If the psychological conditions in the home are good, even extreme poverty leaves children unaffected. Much more important than money in preventing the development of future psychoneuroses in children is the cultural or family background. Emotional security is the central need of children in a family. Parental rejection of children is as potent a cause of neurosis as divagations of the libido.

Contrary to expectations, it has been found in London that several families, consisting of evacuated mothers with their children, can live harmoniously in one house. The anticipated crises don't arise. This method works out much better for the children than when they are placed in the care of women of other than their mothers, no matter how complete is the care these women give them. Among children delinquency is often the opposite of psychoneuroses. In many cases, if a child had not been delinquent, it would have become neurotic.

It is only when psychiatrists reach the middle-class competitive society in their observations, that they find psychoneuroses becoming much more numerous, since competition seems to breed the desire for power, and this desire when unsatisfied breeds the beginnings of psychoneuroses. Dr. Gillespie blamed

this destructive desire for power on the values inculcated by the more expensive types of education, which do not protect students from neuroses. The values from the cheapest forms of education he called inadequate. The poorest people lack pivotal or fundamental values and have instead superficial interests which are dictated largely by the cheaper newspapers.

Significant findings on the relation of unemployment to psychoneuroses have been made and psychiatrists have concluded that unemployment is less likely to produce psychoneuroses in men than in their wives, who are more inclined to develop anxiety neurosis from financial worry than men. Women, however, do not seem to crave employment for its own sake, since studies show that women who are employed outside the home are less happy and contented than women who are living and working at home.

An outstanding phenomenon has been the ability of the English civilian population to withstand constant air bombardment, loss of home, and disruption of their daily routine without suffering appreciable psychological damage. Not only have the store-keepers of London and elsewhere done business as usual, but studies have indicated that there were actually fewer days lost by salespeople and other workers in bombed areas during the period of the "blitz" than in normal times. He cited figures showing that in 17 stores in the London area while there were 687 days lost by employees in 1939 and during a period of heavy bombardment in 1940-41 for a comparable period there were only 673 days lost. In the east Anglian area a similar condition was found with absenteeism being reduced from 4.1 days per employee to 3.1 per employee during the period of heaviest attack. In general, the decrease in absenteeism in the aggregate and per person employed is marked. Over this whole area it decreased by one day per person taking the area as a whole. The only month in which there was an absolute increase was in July before the bad air raids started but at a time when there were a good many night alerts and the girls were tired by staying up through the whole period of the alert.

One of the most striking things about the effects of the war on the civilian population has been the relative rarity of pathological mental disturbances among the civilians exposed to air raids. Guy's Hospital is situated in the middle of one of the most frequently bombed areas of London; and in the midst of a large population area of the poorer classes. Yet the psychiatric outpatient department, which still functions there, records very few cases of neuroses attributable to war conditions. The patients who do come, with few exceptions, present mainly the same problems as in peace time.

As regards any significant sex difference in the development of psychological reactions to bombing the difference seems to be in favour of women rather than men among the civilians. Children, generally speaking, take their pattern of behaviour from the adults and, if a brave demeanour was shown, children automatically followed suit. However, with children as with adults, more important than fear of death or destruction is the importance of satisfying their everyday needs. It is not the physical danger or the prospect of it that matters most. The outstanding lesson learned, not without surprise, during recent experience, is that war or no war the pressing needs of parents with problem children cannot be ignored. Increasing demands for help coming from parents during recent weeks indicate that anxiety regarding their

children's day to day difficulties take precedence even in these times over the remoter fear of death and destruction. Behaviour problems arising in children are usually caused by environmental or domestic siutations, as in peace time, and can rarely be traced directly to the impact of the war itself, although there were several instances where a behaviour problem was aggravated by a fear of air raids. In many instances the absence of one or both parents, in the service of munitions played an important role. Children are remarkably unaffected by fear of air raids and this is undoubtedly connected with behaviour of the adults around them. It is recorded for example, that in a children's ward of a general hospital, nurses set an example of cool courage by carrying little patients to shelter, and sitting up with them all night. None of the children whimpered and some fell asleep in the middle of the bombardment. Some of them indulge in games representing an air raid and may work off whatever anxiety they have in this way. Several children have suffered from "siren fright", that is from symptoms associated with the sound of sirens; but these particular cases occurred in children who had not actually been subjected to bombing itself, and who had previously shown some evidence of psychoneurotic tendencies.

When psychological trauma is suffered during an air raid it may assume any one of a variety of forms, the most immediate being acute panic or some confusion and loss of memory for what has actually happened, particularly if the individual has left his post of duty. Acute panic occurs, however, only in the predisposed, especially the habitually timid and anxious. The second type of immediate reaction to bombing is the immobility or passive reaction. For example, a young married woman who had always been timid and shy, and inclined to tremble in talking to strangers, heard the warning siren and made for a shelter; some bombs dropped before she reached it, and she hesitated before entering, and then apparently became unconscious. On recovering in the hospital, she said she had lost the use of her legs. A third type of immediate reaction consists in direct bodily manifestations of fear, tremor, dilated pupils and staring eyes.

In addition to the psychological reactions observed at the immediate scene of the bombing, there are frequently remote reactions which develop after a period of time. Dr. Gillespie cited the case of a young woman who had been in a building which had been smashed in a bomb raid and showed hysterical aphonia for a week afterward. The reason for this reaction was because her mouth became filled with brick dust immediately after the explosion and she had found difficulty in speaking. All such conditions occur as a rule only in the predisposed but exceptions to this rule are found among those who have undergone even more than usually terrifying ordeals.

More spectacular and unexpected than any of these reactions was the frequency with which individuals whose entire life had previously been characterized by timidity, shyness, or other psychoneurotic manifestations were transformed into outstandingly courageous and self-sacrificing persons. Typical of this group was a 24 year old dental mechanic who for four years had been suffering from depression and a timid personality. He dated his condition of "nerves" to an air raid during the last war when he was four years old. He was very small in stature and had always been self-conscious about his size. He had found the greatest difficulty in making an impression anywhere on

anyone. Unsuccessful attempts to learn dancing, and other social failures, aggravated his depression. He dreaded to face work with casualties. He was considered unfit for the fighting services and was finally assigned to A.R.P. work. Anyone who saw him would have marked him as a miserable little shrimp and no future hero — but he became very successful as an A.R.P. warden. He had at least three remarkable escapes, and received a bomb splinter in one hand. He remarked that in critical moments "girls turn to me", and said that he liked to see the planes coming: "It is my quickness", he said, "against theirs." In 1940, he was bombed out of his home; his mother and father were cut up and shocked. Following this he was bombed again twice, and found that his new abode had also been destroyed. After a week's leave he went back to duty and when last heard of was in full activity, and rather aggressively critical about conditions in shelters. It is clear that he has found an opportunity which completely relieves his sense of failure and inferiority. Some of these so-called neurotic individuals show no signs of neurosis and are efficient and courageous during a bombing but develop acute signs of anxiety only when released from duty and posted to a quiet place.

Dr. Gillespie stressed the fact that keeping people busy and occupied was one of the best ways of preventing mental breakdown after facing tragedy or other terrifying experiences, thus avoiding a period of rumination which may precede a remote psychological reaction. In one survey of 119 persons in a bombed area, it was not until two or three weeks after the actual bombing that 30 percent complained of symptoms of one sort or another, usually of bodily distress but without evidence of physical disease. This observation emphasizes the importance of occupation in the prevention of psychoneurotic aftereffects. It was only after the individuals concerned had finished rearranging themselves and their affairs and had time to sit down and consider the situation that the symptoms appeared. It is disorganization rather than fright that is the causal factor here.

Although the removal of many of the outlets that ordinarily exist in a city plays a considerable part in sending up the juvenile delinquency, those who moved to the country find new interests and probably better ones than they ever did in town. One group of boys evacuated from London to the country have actually lost their interest in cricket to a large extent and become enthusiastic about hay making and work on the farm as well as other country pursuits. It is an interesting object lesson for the future use of the energy of the young and also suggests possible lines of reorientation of their values.

A general survey of evacuee children indicated that there had been no great increase in psychological disturbances and that the majority of those who exhibited them had presented problems before the war. Analysis of a group of children who had evidenced behaviour problems after evacuation indicated that in 10 percent of the cases the new foster home was unsuitable, in 19 percent the parents of the child either because of ignorance or selfishness were the disturbing factor and in the remainder, the difficulty was caused by some personality or intellectual difficulty such as feeblemindedness, physical defect or bad behaviour patterns which pre-existed. Disorganization of the child's regular routine is the most devastating factor of all and seems to have occurred as frequently in children who had not been evacuated but whose school hours had been curtailed and whose recreational

clubs are no longer open.

The most successful placements of evacuee children are working class homes where the evacuee "lumps in" with the rest. These women show a patience with the problem children which is often lacking in big houses. With richer people, the only successful way is to have a group of five or six children with a helper. Otherwise the child is apt to fall between the owners and the maids, none of whom feel themselves fully responsible.

In conclusion, Dr. Gillespie said that British authorities were readapting themselves to facts as they became known and were aware that the reestablishment of homes after bombings was as important as hospital treatment. Problems arising out of the evacuation of children are being studied and more attention is now being given to the need of being certain that the home and the child are mutually adaptable. Psychoneurotic reactions following exposure to danger are much less frequent than was to be expected and apparently are no greater hazard to the individual than the disorganization of life which comes as a result of physical conditions in a bombed area, or of evacuation to strange districts, where habit patterns are suddenly uprooted.

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# Defunctioning Transverse Colon Colostomy

HESTER BRADLEY

In the past, the mortality from cancer of the colon has been very high; the factors responsible are the presence of obstruction, the presence of feces in the bowel, and inflammatory reaction about the lesion in the bowel. In order to make the operation safer, surgeons have for years attempted to decompress the bowel and thus relieve the obstruction and, at the same time, defunction the bowel and so get rid of the feces it normally contains and allow the inflammatory reaction to subside. Twenty-five years ago, Sir Harold Stile of Edinburgh suggested doing a preliminary caecostomy. In this operation the caecum is brought out through an incision in the abdominal wall and an opening is made into the caecum to allow the bowel to empty itself. This very often saves life but only achieves partial success as it simply decompresses the bowel and does not defunction it. Twelve years ago, Dr. David Cheever of Boston advocated doing a simple colostomy of the transverse colon called a rod colostomy. This operation never became very popular as it failed to defunction the bowel completely and was very hard to close.

In 1937, Sir Hugh Devine, a senior surgeon in Melbourne, Australia, suggested a special type colostomy of the transverse colon which is now called after him. He brought the ends of the cut transverse colon out through the muscle with a bridge of skin between. Dr. Roscoe Graham, of the Toronto General Hospital, uses the same method without the skin bridge. Both these operations are defunctioning colostomies and completely defunction the part of the colon which is going to be operated upon later. Thus the future field of operation

may be washed clean of all fecal content and allowed to rest and recuperate to some extent. When the surgeon finally comes to operate upon the diseased part he is operating in a clean field, comparatively free of bacteria, and in which the tone of the bowel wall is fairly good. Furthermore, following the operation the anastamosis in the colon is allowed to heal under these favourable conditions.

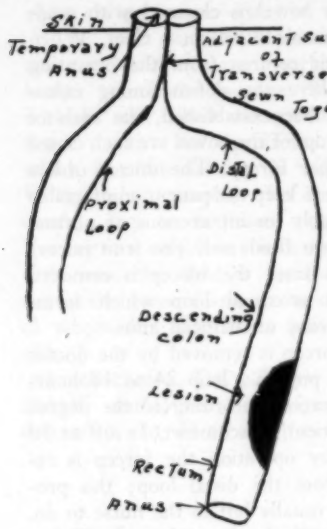
In addition to cancer, there is another disease of the colon—diverticulitis and its complications—which brings the patient to operation, and here again the defunctioning colostomy is extremely useful. It allows the inflammatory reaction to subside and so makes for safer surgery. So we see that there are two diseases of the colon, cancer and diverticulitis, in which the defunctioning colostomy is particularly valuable as a preliminary operation.

After the doctor has completed the defunctioning colostomy, the nurse has an important task to perform before the patient is ready for the next stage of the operation which is the resection of the part of the bowel containing the lesion. In order to fulfill the task properly the nurse must be familiar with the structure of the colostomy. The colostomy is situated high in the abdominal wall to the right of the midline; the transverse colon is completely cut across so that the feces cannot possibly pass into the distal loop; the adjacent surfaces of the two loops are sewn together for a distance of three or four inches; the colostomy is quite a distance from the site of the lesion.

The patient is admitted to the hospital a few days prior to operation and immediately placed on a low residue diet. An attempt is made to empty the large bowel by saline catharsis and soapsuds enema daily. The day before the operation the patient is given clear fluids only and no cathartic; the same afternoon, the bowel is cleansed with soapsuds enema until return is clear. When the patient returns from the operating room, where the defunctioning colostomy has been established, the ends of the two loops of the bowel are each closed by a kocher forcep. The doctor orders a sedative to keep the patient comfortable and probably an intravenous of normal saline. Clear fluids only (no fruit juices) are given until the forcep is removed from the proximal loop which forms the colostomy or artificial anus.

The forcep is removed by the doctor from the proximal loop 24 to 48 hours after operation according to the degree of the patient's discomfort. In 60 to 70 hours after operation the forcep is removed from the distal loop; this procedure is usually left to the nurse to do. Irrigation of the loops is started after the distal forcep has been removed. The purpose of these irrigations is to establish a working colostomy in the proximal loop and to empty and cleanse the distal loop in which the lesion is found. For the first two or three days both loops are irrigated with normal saline in the morning. A soft rectal tube is used for the proximal loop, and for the distal loop a soft rubber catheter (number 24). It is important that both these tubes be soft lest the bowel be damaged or perforated. After two or three days of normal saline irrigation of the proximal loop, a switch is made to soapsuds enema irrigation. The amount of soapsuds used will, of course, vary with each patient but sufficient should be given to cause a definite feeling of discomfort and to obtain a good bowel movement. In a few days the colostomy is usually working well and a few ounces may be sufficient to bring about a satisfactory bowel movement.

When irrigating the distal loop, a no. 22 Freyer's tube is first inserted into the rectum. The patient is then placed




on a bed pan and made as comfortable as possible. A soft rubber no. 24 catheter is inserted into the distal loop and irrigation begun with normal saline. The normal saline may not run through into the bed pan because of the degree of obstruction present. If this is the case, the patient is turned on the left side and a normal saline enema given per rectum. In other words, the bowel is irrigated above and below the lesion and obstruction. If it is necessary to give normal saline irrigation per rectum, it is usually too tiring to the patient to give it every day; every other day has been found sufficient. Instillation of hydrogen peroxide (strength of one in eight) into the distal loop helps to clean the hard pieces of feces out of the loop. If this is not effectual, three ounces of glycerine instilled after irrigation is very helpful to soften any impacted feces. This routine is carried out until normal saline goes readily through the distal loop into the bed pan. At the end of ten days the patients are often allowed up, and this avoids the weakness which so often follows prolonged rest in bed. If able to do so, the patient can sit on the toilet to have the distal irrigation done.

During this period, patients are sometimes allowed to go home and there carry out this routine and return in ten days or eleven days for the resection of the tumour. The length of preparation is varied according to the degree of obstruction. In the case of carcinoma with moderate obstruction, 10 to 21 days are usually required to relieve the oedema about the growth. The day prior to the resection, the proximal loop is irrigated as usual in the morning; the distal loop is irrigated in the morning and in the afternoon. Four ounces of aqueous acriflavine, (one in a thousand) is instilled into the distal loop after the last irrigation. The patient is given clear fluids only, and paregoric or tincture of camphor compound at six p.m., eight p.m. and ten p.m. The morning of operation, an intravenous of normal saline is started preparatory to giving a blood transfusion during or after operation as required. A permanent catheter is inserted into the bladder and a Freyer's tube (no. 22) is inserted into the rectum under aseptic conditions. Pre-operative sedative is prescribed by the doctor.

On the patient's return from the operating room the usual post-operative nursing care of a major abdominal operation is followed. The permanent catheter is usually left in for five days and the bladder is irrigated twice daily with some mild antiseptic solution. On the fourth or fifth day, four ounces of oil (liquid paraffin) is instilled into the proximal loop. The next morning the proximal loop is irrigated with normal saline, and again each succeeding morning. On the eighth day, four ounces of

a solution of acriflavine of appropriate strength is instilled into the distal loop. Next morning the distal loop is irrigated with normal saline and the normal saline should go through into the bed pan readily. At the end of three weeks or a month the patient is sent to the x-ray department for examination and a barium enema is given. If the anaestamosis is satisfactory, the defunctioning colostomy is closed. The day prior to closing, the procedure of irrigation and paregoric is carried out. The patient then goes home in a few days.

I hope this outline has shown to what extent the nurse can co-operate with the doctor in achieving a successful result in operations on the large bowel, particularly with reference to a defunctioning colostomy.

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# A Well Merited Honour

The Nursing Service of the Royal Canadian Army Medical Corps and the Victorian Order of Nurses for Canada will both rejoice in the honour which has recently been conferred upon Major Elizabeth Smellie, C.B.E., by the University of Western Ontario. The official citation, read by Dr. A. J. Slack, Dean of the Faculty of Public Health, is an eloquent tribute which will give pleasure to Major Smellie's colleagues and many friends in Canada and overseas.

*Mr. Chancellor*:

I am instructed by the Senate of the University to request you to admit to the degree of Doctor of Laws, *honoris causa*, Major Elizabeth Lawrie Smellie, C.B.E., Matron-in-Chief of the Nursing Service of the Royal Canadian Army Medical Corps and organizer of the Women's Auxiliary Army Corps.

Major Smellie is, we are proud to say, a daughter of Western Ontario, being born and reared in Port Arthur. Her basic education was obtained in her native city and in Toronto. Upon this sound foundation she built a thorough training in her chosen profession of nursing, first in the great Johns Hopkins School of Nursing, Baltimore, and, subsequently, in graduate courses in Public Health Nursing in Simmons College, Boston. These advanced studies served to enhance exceptional native talents for nursing and for the assumption of initiative and leadership. The first World War opened a place for the use of her gifts. Enlisting as Nursing Sister for overseas service in the Royal Canadian Army Medical Corps, she soon demonstrated so convincingly her superior ability in organization and administration in the sphere of army nursing that she was advanced rapidly through a series of high executive offices. Her military services were outstanding. She was mentioned in dispatches

ELIZABETH L. SMELLIE
*Photo by Karsh, Ottawa*

in 1916, and in 1917 was awarded the Royal Red Cross, First Class. In 1934 our Sovereign, King George V, appointed her, in recognition of faithful and brilliant service to the Empire, Companion of the Order of the British Empire.

One could recite many more honours and achievements that have adorned Major Smellie's life, but for fear of wounding her modesty I refrain. However, Mr. Chancellor, this must be said. Through its Faculty of Public Health, which is devoted to the training of graduate nurses, our University is indebted to Major Smellie to a degree difficult to express in words. The debt is twofold: it is due, in part, to direct counsel she has afforded in the past as to the shaping of adequate graduate courses in nursing; it is due in still greater part to the strong, clear guidance she has always ardently and unselfishly given to all endeavours to raise the standards of nursing education and practice throughout Canada. Major Smellie is an ornament to her profession, a great citizen of Canada and the Empire, and an exalted pattern of womanhood.

## The New Matron-in-Chief Overseas

Official announcement has been made of the appointment of Principal Matron Agnes Neill to be Matron-in-Chief of the Overseas Nursing Service of the Royal Canadian Army Medical Corps. Miss Neill is a graduate of the School of nursing of the Toronto General Hospital and, in 1935, took the postgraduate course offered at Bedford College in London. Upon her return to Canada, she became a member of the training school office staff in the Toronto General Hospital and, in that capacity, gave excellent service as surgical supervisor. Upon the outbreak of the war, she immediately volunteered for military service and shortly afterwards went overseas as Matron of Number 15 Canadian General Hospital. The news of her well deserved promotion has been a great joy to her friends and fellow-workers. Her new task will not only afford ample scope for her marked ability as an administrator but also for the display of the sympathy and tact which are so characteristic of her.

AGNES NEILL
*Photo by Ashley & Crippen Toronto.*

Miss Neill is a woman of many interests. She was the editor of "The Quarterly", a magazine published by the Alumnae Association of the Toronto General Hospital, and is an active member of the "Old Internationals". She has travelled widely and is fond of reading. The nurses of Canada are proud of their new Matron-in-Chief Overseas and wish her all happiness and success.

# News from South Africa

In a letter recently received from Miss Gladys Sharpe, senior matron, South African Military Nursing Service, it is evident that her duties have been many and varied:

Conferences with the Canadians stationed at various hospitals have taken me to Durban, Pietermaritzburg, Ladysmith, Sonderwater and Johannesburg. The opening of a very large Imperial Hospital is to be my responsibility for an indefinite period and I am pleased about this as it will keep my hand in. The privilege of going *North* as Matron of a Hospital Ship has been promised and is appreciated.

Miss Sharpe has kindly permitted the *Journal* to publish Nursing Sister Groenewald's interesting description of the training course for V. A. D. personnel for military hospitals in South Africa. Miss Groenewald is a graduate of the School of Nursing of the Women's College Hospital in Toronto, and of the McGill School for Graduate Nurses, and has had considerable experience in teaching and supervision in various hospitals in Canada. She was one of the second group of Canadian nurses who sailed in early January for South Africa. En route, with the assistance of two other Nursing Sisters, she gave a series of lectures and demonstrations to the men of the American Field Service Corps. On arrival in South Africa, she was posted for duty at Voortrekkerhoogte Military Hospital, near Pretoria, from where she was transferred to a military camp with the post office of Cullinan, a name which recalls the famous diamond discovered there. Previous to her appointment as Sister Tutor, the V. A. D.'s were posted directly to hospitals. This new venture, while still in its experimental stage, is considered a progressive one, and Matron Sharpe is pleased that a Canadian Nursing Sister has been selected to initiate it.

*Canadians on duty at Voortrekkerhoogte*

Time has gone by quickly and I have been busy. All told, there are eighty V.A.D. students. I am quite attached to them already and feel that we should accomplish something worthwhile during the course. The majority have junior matriculation—several their senior matriculation, plus a business or teacher's course. With a few exceptions, all have the complete Red Cross or St. John Ambulance course in first aid and home nursing—some proudly boasting medals and honour standings. I have found it most interesting to learn how the various ones have spent their years since leaving school or college. Some are very young and immature—others older and sadder and wiser no doubt; but they are all keen.

Several have been doing shorthand, typing and book-keeping; some have been managing their own dressmaking and millinery establishments or beauty and hairdressing parlours. One girl owned a poultry farm—but

the chicks got ill! Maybe they sensed the nurse in her and that was their way of showing her the way she should go! Two have been assistant editors of local papers. I told them about our "Siren" and suggested that it would be fun to have a small circular of their own; our shorthand writers could pick up the random notes; our typists do the printing; our commercial artist (we have one) the sketching, and our editors write the candid editorials.

Here is a pattern of the day's work. We all have breakfast at 6.30 a.m. and the students, taking turns, are in charge of their own Mess and plan and cook their meals. Four native boys do the heavy work of making fires and preparing vegetables—one potato each for eighty people means a lot of peeling. I spent two days with them in the kitchens, and we scrubbed shelves, washed windows, turned the Frigidaire inside out and the vegetable table upside down. This experience is proving extremely valuable. They learn to cook and realise that rationing is a fact and no myth, and they understand why meals in an institution are not like what mother used to make!

From 7 to 7.30 a.m. they return to their rooms to tidy them and at the end of the period I go on a tour of inspection. From 7.30 to 8.30 we have calisthenics; fortunately there is one girl in the group who gave gymnastic classes in her pre-war life and she conducts these classes with my assistance. We do them to music, too—there's a piano in the lecture hall and another one of my lassies was once a music teacher, so we all jump and stretch to the tune of "Sally Marais" with a dash of Beethoven. We spend an hour at this as we have to divide the students into groups and to the older ones we give less strenuous exercises. The students enjoy this very much and work hard at it. I've guaranteed that they are going to have a perfect carriage and boyish silhouettes, be excellent dancers and never have to take a laxative if they put their all in all into these exercises. After that I allow them twenty minutes for a shower and change—it takes them quite ten minutes to get their hair tucked under their veils.

The first period I generally spend in lecturing as they are wide-awake and appreciate sitting down. At 10 a.m. comes the inevitable and most enjoyable break for tea. After that follows more lecturing and demonstrations. In the afternoon, as it gets warmer and they tend to get sleepy, we generally spend the time in return demonstrations, practice and quizzing. Usually I try to leave the last hour to them to put any questions to me and I am pleased to say there is never a lull in the conversation. We generally finish at 4 p.m. and after that it is not unusual to see a white figure dotted here and there on the rocks gazing intently into the valley below or towards the hills beyond (this is a beautiful spot) and then I feel a little sad and a wee bit guilty—eighty essays are to be handed in. The subject I left to them and the search for an inspiration is very evident, or is it perhaps that the actual choice of one is a problem?

We also have extra-curricular activities! We are raising funds for gifts and comforts for the fighting forces. Last night we had a social evening, played games and had various contests. My nose is pink with pride today—it balanced a match box every bit as nicely as Table Mountain could do it! We cleared the tidy sum of £2. 10/-. We are having a book tea and a fancy dress ball—cost of costume not to exceed a shilling. Don't be alarmed, Matron, *we* are just *us*—the male has as yet only looked wistfully on in the dim distance. When we have our concert, however, we shall drop our aloof attitude and invite them to our hospitable hearth—it's for King and Country and the Fighting Forces, after all!

# Notes From the National Office

**Contributed by JEAN S. WILSON,**
**Executive Secretary, The Canadian Nurses Association**

## British Nurses Relief Fund

When it was understood that British nurses from Singapore as well as those of Allied Nations in the Pacific area had reached Australia in safety, the following cablegram was sent by the Canadian Nurses Association to the Secretary of the Australasian Trained Nurses Association: "Our thoughts are with you. Wish to learn any British or Allied nurses in Australia in need of financial aid. Reply collect." The reply received was: "Deeply appreciate generous offer, inquiries reveal not required at present. Will advise if occasion arises."

The total contributions from each Province since the Fund was opened in March 1941 to June 5, 1942, are listed herewith. The membership of each provincial association of registered nurses is given in brackets:

| | | |
|---|---|---|
| Alberta | $3,220.00 | (1472) |
| British Columbia | 4,770.00 | (2840) |
| Manitoba | 1,436.83 | (1539) |
| New Brunswick | 1,143.17 | ( 641) |
| Nova Scotia | 1,368.25 | (1035) |
| Ontario | 21,687.79 | (5171) |
| P. E. Island | 350.00 | ( 118) |
| Quebec | 2,000.00 | (4232) |
| Saskatchewan | 3,193.71 | (1218) |

Contributions to the Fund during the month of May 1942 are as follows:

*British Columbia*:

| | |
|---|---|
| Individual donations | $ 52.00 |
| Kimberley Chapter | 37.60 |
| Nurses of Oliver, B.C. | 7.00 |
| A.A., St. Paul's Hospital | 25.00 |
| Chilliwack Chapter | 15.00 |
| Undergraduate nurses, University of British Columbia | 27.80 |
| Nanaimo Chapter | 10.00 |
| Powell River Graduate Nurses Guild | 50.00 |
| Rossland Registered Nurses | 10.00 |
| Cowichan Chapter | 30.45 |
| Vancouver Local Committee (proceeds of refresher courses) | 318.45 |
| Sisters & nursing staff, St. Joseph's Hospital, Comox, V.I. | 7.50 |

*New Brunswick*:

| | |
|---|---|
| A.A., Fisher Memorial Hospital, Woodstock | 5.00 |
| St. Stephen Chapter, N.B.A.R.N. | 80.10 |
| Student nurses & staff, Chipman Memorial Hospital, St. Stephen | 3.00 |
| A.A., Hotel Dieu Hospital, Campbellton | 22.00 |
| Student Nurses, Saint John General Hospital | 25.00 |
| Saint John Chapter, N.B.A.R.N. | 207.25 |
| Moncton nurses | 48.55 |
| Fredericton Chapter, N.B.A.R.N. | 29.25 |
| Student nurses, Victoria Public Hospital, Fredericton | 5.00 |
| Staff nurses, Victoria Public Hospital, Fredericton | 11.00 |

*Nova Scotia*:

| | |
|---|---|
| Cumberland Co. Branch, R.N.A.N.S. | 5.00 |
| Pictou Co. Branch, R.N.A.N.S. | 12.00 |
| Antigonish-Guysboro-Inverness-Richmond Branch, R.N.A.N.S. | 17.00 |
| Valley Branch, R.N.A.N.S. | 12.50 |
| Colchester Co. Branch, R.N.A.N.S. | 17.00 |
| Halifax Branch, R.N.A.N.S. | 2.00 |

*Ontario*:

District 1:

| | |
|---|---|
| A.A., Sarnia General Hospital | 62.28 |
| Student nurses, Public General Hospital, Chatham | 25.00 |

| | |
|---|---|
| Districts 2 and 3: | |
| Nurses of Districts 2 and 3 | 7.00 |
| Nurses of Simcoe Registry | 20.00 |
| District 4: | |
| Nurses of St. Catharines | 69.75 |
| A.A., Hamilton General Hospital | 100.00 |
| District 5: | |
| A.A., St. John's Hospital, Toronto | 7.00 |
| A.A., Toronto General Hospital | 100.00 |
| A.A., Hospital for Sick Children, Toronto | 7.15 |
| Student nurses, St. Michael's Hospital, Toronto | 122.00 |
| Peel Memorial Hospital staff, Brampton | 17.00 |
| Staff nurses, Toronto Hospital, Weston | 7.00 |
| Matron & Nursing Sisters, Military Hospital, Camp Borden | 22.27 |
| Matron & Nursing Sisters, Toronto Military Hospital | 22.00 |
| Toronto staff, Victorian Order of Nurses | 27.95 |
| Nurses of Oshawa | 6.31 |
| Group of private duty nurses, Toronto | 21.25 |
| District 6: | |
| Nurses of Peterborough | 15.40 |
| District 8: | |
| Student nurses, Ottawa Civic Hospital | 50.00 |
| A.A., Lady Stanley Institute, Ottawa | 443.00 |
| District 9: | |
| Kirkland Lake nurses | 3.00 |
| Individual | 1.00 |
| *Prince Edward Island*: | |
| Prince Edward Island Registered Nurses Association | 25.00 |
| *Saskatchewan*: | |
| Arcola nurses | 17.00 |
| Saskatoon Registered Nurses Association | 309.25 |
| A.A., Saskatoon City Hospital | 25.00 |
| A.A., Regina General Hospital | 30.00 |

A contribution to the Florence Nightingale Memorial Fund has been received from:

| | |
|---|---|
| A.A., Kingston General Hospital | $ 5.00 |

## Matron MacRae is Promoted

DOROTHY MACRAE
*Photo by Notman, Montreal*

The appointment of Nursing Sister Dorothy MacRae, R.C.A.M.C. to be a Principal Matron is announced by Military District Four. In this capacity she will also serve as Assistant to Miss Agnes Neill, Matron-in-Chief of the Canadian Army Medical Corps Overseas, whose appointment is announced elsewhere in this issue. Matron MacRae graduated from the School of Nursing of the Montreal General Hospital in 1927 and, after serving as a member of the nursing staff in the Western Division of the Montreal General Hospital, became superintendent of nurses at the Anson Memorial Hospital, Iroquois Falls, Ontario. In December 1940, Miss MacRae was appointed Matron of No. 1 Canadian General Hospital.

# HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

## Post-Operative Care of Cleft Palate

LOUISE DESTROMP

For our nursing clinic this morning we have chosen Baby Richard who has been admitted for repair of cleft palate. You will note that he also had a cleft lip which has already been repaired. Baby Richard is now 18 months old but the cleft lip was repaired when he was ten weeks old. This is the ideal age for this operative procedure and the second year is the time of choice for palate repair. Cleft lip and cleft palate usually occur together but not always.

*Why is the repair of the lip done so early?*

To enable the baby to suck, and also to improve his appearance for the benefit of the mother.

*What is the most important disability resulting from cleft palate?*

The inability to speak distinctly.

*What is the age for learning to speak?*

From one to two years. The ultimate goal in repairing the palate is that the child may learn to speak properly so it follows that this should be done before he acquires the habit of speaking badly. Children are very conscious of anything which tends to make them different from their playmates. By operating at an early age good speech habits may be developed and an emotional disturbance avoided.

*Can these children acquire perfect speech?*

Yes, a great number do when they are treated early and taught to speak distinctly. Some of the older children who have already acquired bad pronunciation have improved remarkably following speech training.

*What pre-operative care do these children require?*

They are particularly susceptible to respiratory infections and for that reason we use protective technique immediately following admission and carry this out until the patient is discharged.

*What is protective technique?*

First, the child must be segregated from other patients, ideally in a cubicle with individual equipment. The nurse must herself be free from infection and must carry out gown and mask technique. Before touching the patient she must wash her hands and arms with soap under running water for one minute. She then puts on a gown and washes her hands for two more minutes before approaching the patient.

*What must be done for these children post-operatively?*

The post-operative care of the cleft palate patient is most important and is centred around two main factors. The first is the prevention of infection, the

second is the prevention of strain or injury to the suture line. There will probably have been some loss of blood during the operation and, in order to prevent or combat shock, the foot of the bed should be elevated from six to eight inches. The child should lie prone with his head turned to one side. A sterile tray should be in readiness on which there should be a towel to be placed under the child's face. On this tray there should also be a kidney basin and mouth wipes. Separately and also sterile, a suction tip should be available in case there is oozing from the wound which the child ought not to aspirate. Sterile tongue depressors and mouth gags should also be at hand. To assure a good airway, the surgeon usually leaves the "tongue stitch" in place until the child is conscious. This is a piece of silk, or other suture material, run through the tip of the tongue. It is left about six inches long and the ends are held by a haemostat; the nurse can thus easily pull the tongue forward if there is any obstruction of breathing. These children must be watched very closely until they are fully conscious. They should then be placed in a supine position and the head of the bed should be raised.

*What nourishment should be given and by what methods?*

The child should have fluids as soon as he can tolerate them and should be fed from a spoon or pipette. All equipment should be sterile and the mouth should be cleansed after each feeding. Clear boiled fluids are given at first but milk must be withheld because it is a good medium for bacterial growth. In about three or four days, when primary healing is complete, milk and milk foods may be allowed and, by the end of the week, a soft diet. All foods must be sieved or mashed so that there will be no hard pieces to cause injury.

*How can the mouth be kept clean?*

Each feeding is followed by sterile water in sufficient quantities to wash away particles of food which remain along the sutures and teeth. Syringing is likely to cause the child to cry and struggle. It is preferable to cleanse the mouth by giving the child a copious drink of sterile water.

*How may the tearing out of sutures be prevented?*

Any small child puts his fingers in his mouth particularly if something is causing discomfort such as the presence of sutures. Unfortunately we must use restraint and the hands must be fastened to the sides of the cot by means of a flannelette bandage tied in a clove-hitch around the wrists. The child should be taken out of restraint as often as possible. Every time a child cries or even makes a sound he uses the muscles of the soft palate and these muscles must be kept at rest so that strain on the sutures will be prevented. He must be kept quiet and, because children cry when they see their parents, visiting must be restricted. The nurse must be most careful when feeding the patient. One slip of the spoon or pipette and the surgeon's work is ruined, the nurse's time is wasted, there is more suffering for the patient and added expense for the parents. Never put anything into the child's mouth beyond his teeth and you will never injure the palate.

When caring for one of these children keep the ultimate goal ever in mind and work to that end—a child who will speak properly. The surgeon may perform a perfect operation but its success depends entirely on the care given by the nurses, yes, usually students like yourselves.

# Speech Correction for Cleft Palate Patients

MARY WEHE HUBER, M.A.

The miracles of modern plastic surgery are nowhere more highly venerated than within the nursing profession which is among the first to view, in its earliest and most extreme manifestations, the stigmata of cleft lip and palate. Although there is yet much to be learned as to the nature and occurrence of this unfortunate phenomenon, the great white searchlight of science has dissolved the shadow of superstition which clung to it so viciously until less than half a century ago. The enlightened cleft palate individual today is thankful that he was not born in an earlier age when his affliction might have been regarded as a curse of Providence visited upon his family in punishment for some misdeed, and to be borne by them and him, meekly, as a symbol of disgrace.

It is now generally recognized that the rehabilitation of the cleft lip and palate individual is the responsibility, in one way or another, of almost everyone under whose supervision he appears. With a sincere desire to fulfil the needs of each individual patient comes the realization that a more complete understanding of all the problems involved is essential.

Not very long ago, the cleft palate surgeon, in order to prove the success of his operation, was forced to undertake also the task of correcting the speech habits of his patient. Today the busy surgeon in a metropolitan community can usually rest assured that the services of a scientifically trained speech correctionist are at his disposal should his patients require them. However, many post-operative cleft palate patients, following hospitalization, do not remain in an area where their speech re-education can be undertaken, but are quickly whisked away to their homes in more rural districts which cannot afford the services of specialized workers. These patients then, may never show by their manner of talking, that, for all practical purposes, they have been provided with a normal speech mechanism.

Those who are unacquainted with the principles of speech development seldom realize that correct articulatory adjustments may be impossible when certain parts of the apparatus are lacking. Speech habits, whether good or bad, once they have developed, do not disappear overnight simply because a more adequate mechanism has been provided. In the case of the post-operative cleft palate patient, whose palatal reconstruction took place after the period when speech development took place, it is not a matter of training him to talk, but of re-training him to talk correctly.

Why does the cleft lip and cleft palate patient speak as he does? What essential parts of his speech mechanism were lacking and why should this condition bring about such a characteristic maldevelopment of speech habits? Dr. Robert W. West, in stressing the importance of early operative repair of the cleft lip explains that "the anterior cleft has, not only the direct effect upon labial sounds, but it has also definite indirect effects upon the patient's speech in general, robbing it of vigour and firmness, by centering the patient's attention upon labial and nasal deformities. The patient develops the habit of speaking softly and articulating indistinctly, as though avoiding attraction to the facial blemishes. Operative repair is therefore advised for

both mechanical and cosmetico-psychological effects."

Dr. Herbert Koepp-Baker emphasizes the fact that an intact palatal wall between the nose and mouth is an essential in the production of practically all sounds. He states that the proper conditions for the production of those sounds in which intra-oral breath pressure must be generated, as in the case of plosives (P, B, T, D, K, and G), and certain fricatives (F, V, S, Z, and Sh), cannot be obtained if the palate is inadequate or perforated; and that, in all other sounds, with the exception of the nasals (M, N, NG, and NK), the balance of resonance between the nose and mouth is disturbed in a very conspicuous way if the palatal walls between those two cavities are imperfect.

From the speech standpoint, surgical repair of the soft palate is the most important consideration. The hard palate, not being a movable structure, can, if necessary, be supplied with an artificial wall for palato-lingual contacts. But for adequate functioning of the soft palate in speech, it is essential that its muscles and membranes be restored to their normal positions as nearly as possible. When the velum fails in its function of assisting in naso-pharyngeal closure, the patient is unable to generate the requisite intra-oral breath pressure necessary for the production of good plosive sounds. Fricatives are similarly affected, depending upon the amount of oral breath pressure required for their proper emission. All voiced consonants are affected because their characteristic quality is altered by nasal resonance. Inadequate naso-pharyngeal closure further affects vowel quality through excessive nasal resonance.

The phenomenon of cleft lip and palate are frequently complicated by other structural anomalies that may, unless properly treated, profoundly influence the problem of speech rehabilitation. Thus we occasionally see deformities of the nostrils, malformations of the gum ridge and dental arch, extremely high, narrow palate, and other more or less serious imperfections of anatomical development. These additional factors play an important role in determining the extent to which a given individual is capable of developing normal speech.

Speech training is not recommended in cases of cleft lip until all operative repairs have been completed. Then the first step is to provide exercises that will strengthen the upper lip and give it functional integration with the rest of the face musculatures. Children may be given whistles and horns to blow on, and they may be taught to imitate the sound of the wind, the mooing of cows, the cry of the owl, the yawn of the hippotamus, and other natural sounds. Under the guidance of a physical therapist a very short, tight upper lip may be gently massaged to stimulate the circulation in that area and establish greater elasticity of the lip muscles. When the patient has acquired voluntary control of his lip movements he may be shown, before a mirror, the various mouth positions for such sounds as p, b, m, ah, oh, oo, ou, and i.

The main problem of speech re-education after surgical repair of the palate is usually that of training the patient to close the opening into the nose voluntarily by drawing the velum upward and backward and constricting the pharyngeal wall to meet the velum. In order to determine the extent to which a patient is capable of this function he may be asked to swallow vigorously a large mouthful of water; if he can do so without spilling any of it out through his nose, or if he can blow a whistle without having to pinch his nostrils closed, he has already acquired some functional control of his velum. However, if he

fails in this test certain clinical devices are recommended to render the soft palate pliable and movable, and to develop a conscious kinaesthetic and cutaneous imagery of velar and pharyngeal movements. One method is to have the patient force air out through passively closed lips. With children, palatal control is sometimes accomplished by leading two lines of rubber tubing from the nostrils to an outlet so mounted on a ring stand that air from the nose is directed against a candle flame. When the child blows through his lips, or says plosive sounds with his velum closed the flame is not distorted, but when the velum is open he sees the flame waver. Another device for checking the amount of air escaping through the nostrils is to have the child hold a small pocket mirror under his nose while he pronounces certain plosive sounds. If the mirror gets steamed up the velum is not functioning properly to prevent the breath pressure from escaping into the nose.

Incorrect tongue and lip positions in the production of the various consonant sounds are the natural result of compensatory adjustments of the articulatory apparatus before palatal reconstruction has been provided. The post-operative cleft palate patient must therefore be guided into correct articulatory patterns. With the aid of a mirror and a large flashlight the patient can compare his own sound placements with the correct ones of the clinician and then make the proper adjustments.

In the order of presentation explosive sounds (p, b, t, d, k, g) should come first and these are more easily learned and the experience gained from learning them carries over into the mastery of other sounds. The sounds (k) and (g) need special attention since many cleft palate patients have been in the habit of substituting the so-called "glottal-catch", a sound made by the approximation of the vocal chords instead of the upward movement of the back of the tongue against the soft palate. Following the plosive sounds, the fricatives (f,v,s,z, sh, etc.) may be taught, and finally the semi-vowels, (r and l).

One cannot over-emphasize the importance of ear training for the recognition of the various sounds. Once the repaired cleft palate patient has learned the correct motor-kinaesthetic habits in speech production a properly trained ear must eventually supplement his regular speech training. The type of speech-reeducation which teaches the patient to discriminate between his own properly articulated or defective sounds is the one that will be of the most lasting value to him.

Post-operative results have shown that in certain cases where palatal reconstruction was almost identical, individuals exhibited marked variations in their capacity to profit by surgical repair and speech training. As Dr. Robert West suggests, in considering the etiology of any speech disorder, we must not lose sight of the uniqueness and individuality of each case; he explains "there are so many variables that what may be an adequate explanation of a speech defect in one child may be wholly inadequate for a similar defect in another. Some of these variables are the age of the child at the time the supposed cause was first operative, the sex, the health and general vitality, the speech models in his environment, his intelligence, and the acuity of his hearing." Innate constitutional factors and environmental influences as well may have considerable diagnostic significance in determining how effectively an individual may react to post-operative speech re-education.

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Clinical Speech. Vol. 11, p. 324. (Published by Edwards Brothers, Inc., 1930).

West, Robert W.: Deformities of the Speech Organs. The Practice of Pediatrics, Ed. Jos. Brenneman. Chap. 14, pp. 28-30. (Published by W. F. Prior Co., 1936).

West, Robert W., Kennedy, Lou, and Carr, Anna: The Rehabilitation of Speech. Chaps. 5 and 13. (Published by Harper and Brothers, 1937).

Miss Margaret G. Finley has kindly contributed the following note on the use of physiotherapy in cleft palate cases:

Dr. Hamilton Baxter recently referred a patient to the physiotherapy department of the Children's Memorial Hospital for treatment. This child was born with a cleft palate. A push back operation was performed in which a flap of palatal tissue was freed and displaced backward to increase the length of the soft palate. Following operation, the raw surface on the nasal side of the palate contracted due to scar formation. This shortened the palate considerably so, to overcome this defect, regular massage of the palate was performed for short periods five times a week for three months with marked relaxation of the scar tissue and increase in length of the soft palate.

The massage is done as follows: a sterile finger cot is used, stretching effleurage and frictions being the chief movements employed. These are gradually increased in depth, particularly the stretching movements, to prevent adhesions. The child is given frequent rests during the treatment. It is most interesting to note the improvement in the condition after even a few weeks. The surgeon considered it advisable to wait for about one month after operation on the palate, when firm healing had developed, before commencing massage. When the final operation is performed it is anticipated that the child will be able to speak in a normal manner without evidence of her former cleft palate type of speech. Co-operation following the work of the surgeon must be stressed—first the valuable role of the trained surgical nurse, then the combined efforts of the physiotherapist and the speech therapist in obtaining the desired results.

## Obituaries

HENRIETTA WILSON, a graduate of the School of Nursing of the Sarnia General Hospital, and a member of the Class of 1908, is reported to have died recently. Miss Wilson was engaged in mission work in China for many years and, after a furlough spent in Canada, returned to China in 1937 and became a member of the South China Boat Mission. Her headquarters were at Pinchow and it is believed that she was in the war area at the time of the fall of Hong Kong.

MRS. S. MARTIN BANFILL (Anna Mae Smith) died recently in Montreal. Mrs. Banfill was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1929. Her husband, Capt. S. M. Banfill, was serving with the Canadian Forces in Hong Kong and is now thought to be a prisoner of war.

MARTHA COLQUHOUN died recently in Montreal. She was a graduate of the School of Nursing of the Montreal General Hospital, and a member of the Class of 1895. Miss Colquhoun gave excellent service for many years as a private duty nurse.

EDNA MARY LATRACE died on May 9, 1942, at St. Joseph's Villa, Victoria, British Columbia. Miss LaTrace was a graduate of the School of Nursing of St. Boniface Hospital, Manitoba, and a member of the Class of 1939.

# PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

## Fighting Tuberculosis

DOROTHY R. JONES

The Saint John Tuberculosis Clinic functions under the auspices of the Saint John Tuberculosis Association of which Dr. H. A. Farris is the president and founder. The Clinic has been in operation since 1909 and is supported entirely by the sale of Christmas Seals. The Clinic is closely associated with the Saint John Tuberculosis Hospital and serves Saint John City and County and a number of patients from adjacent counties. On January 1, 1942, there were 904 patients under the supervision of the Clinic and we receive a weekly report from the Tuberculosis Hospital of admissions and discharges and pertinent information regarding each patient. All patients up to 40 years of age, other than those diagnosed as tuberculous, are given the Vollmer patch test; clinic patients are x-rayed at the Tuberculosis Hospital.

The nursing staff consists of two members and there is also a paid worker who assists the nurses at the bi-weekly clinics and renders clerical assistance. The nurses visit the patients in their homes in the city and nearby rural areas and transportation is provided by the Association. The Clinic gives milk and cod liver oil to needy patients and clothing is provided when necessary, through the Red Cross and other agencies. The Gyro Fresh Air Camp, for under-privileged children, provides a month's rest and recreation each summer for boys and girls, many of whom are referred by the Tuberculosis Clinic.

Students from the Tuberculosis Hospital and the Saint John General Hospital are taken on observation visits with the clinic nurses. A group of student nurses from the Tuberculosis Hospital spend an afternoon every two months in the Health Centre, where the Clinic is located, learning of the various activities conducted there. The Tuberculosis Clinic has an excellent opportunity to co-operate with other nursing and social agencies since many of these are housed under the same roof. This is particularly helpful to all concerned because the child welfare nurses and school nurses are carrying on a specialized service. All cases under our active supervision are registered with the Social Service Exchange. The Victorian Order provides nursing care when necessary to patients awaiting admission to the Tuberculosis Hospital and gives us a list of new prenatal cases each week. The Board of Health supplies us with a weekly list of births and thus the Clinic frequently consults with the child welfare nurses regarding common problems. The school nurses are informed of school

children admitted to and discharged from the Hospital or who are attending the Clinic. Information is exchanged with the Social Hygiene Clinic and the Family Association and the Children's Aid Society are frequently consulted.

The tuberculosis death rate has shown a considerable decline over a period of years. In 1912, the rate was 224.6 per 100,000, in 1918, it had dropped to 123.3, and in 1940, it had reached 57.9. The incident rate of positive tuberculin tests done on school children has also steadily decreased. In 1927, children 6 to 16 years of age had 59% positive tuberculin reactions; in 1934, the rate on children 17 to 20 years of age was 42% positive and in 1939, the rate on children 12 to 18 years of age was 20% positive. Thus it will be seen that, although considerable progress has been made, the situation is still far from ideal and much remains to be accomplished towards the eradication of tuberculosis.

## Emma Roberts, Master of Science

In recognition of her unusual service to humanity the University of Toledo recently conferred the honourary degree of Master of Science on Miss Emma E. Roberts, Director of the Toledo District Nurse Association. Miss Roberts was born and educated in Stratford, Ontario, and was graduated from the School of Nursing of St. Catharines General Hospital, St. Catharines. The citation given by President Phillip C. Nash of the University of Toledo reads as follows: "For thirty years Miss Roberts has been a leader of good works in this city contributing especially to the field of public health. Born in Canada, long a citizen of this nation, trained in hospitals of both countries, since 1916 the Director of the Toledo District Nurse Association, she has brought fame to her city and to her profession by the diligence of her leadership and she has helped to give more useful and happy lives to thousands of our citizens."

## Victorian Order of Nurses for Canada

The following are the staff appointments to and resignations from the Victorian Orders of Nurses for Canada:

*Miss Geraldine Garnett, Miss Merle Greenaway, Miss Normina MacLean,* and *Miss Margaret Burgess,* all graduates of the Winnipeg General Hospital, have been appointed temporarily to the Winnipeg staff.

*Miss Margaret Mullen* has resigned from the Montreal staff to be married.

*Miss Elizabeth Reed* has resigned from the New Glasgow staff to join the R.C.A.M.C. Nursing Service.

*Miss Ella Mitchell* has resigned from the Toronto staff.

*Miss Doris Blackhall* has resigned as nurse-in-charge of the Leamington Branch.

*Mrs. M. R. Hill* has resigned as nurse-in-charge of the Canso Branch.

*Miss Claire Rochez* is on leave of absence from the Ste. Annes Branch for six months.

# GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association.

## A Registry for Doctors and Nurses

F. W. Rosher, M.D.

And so that which we call earth, spins on into another year of man-measured time. A year, perhaps, that will be inscribed upon the tablets of human history as one of the most fateful the world has ever known; a year that may spell the end of that civilization with which we have become so accustomed and of which we have been so proud. As great forces the world over strive to annihilate each other on widespread battlefields, enormous quantities of this planet's precious substance are squandered. It is during such crises, that calls for the most efficient method of doing things, both in war industry and home industry, are made. One thing we will do well to bear in mind is that the efficiency of the larger unit depends greatly upon the efficiency of the smaller unit, just as a chain is no stronger than its weakest link.

Let me first state what I mean by the Registry. About two years ago, a committee from the Saskatoon Registered Nurses Association approached certain of this city's doctors, to see if it could be mutually arranged to have a register where the doctors could be more readily contacted and thus improve efficiency. The doctors agreed, and the register formed is called the medical, or doctors', registry. For a nominal fee to the Nurses' Association a doctor may join the Registry. After doing so below his office number in the telephone directory is printed, "If no answer, call the Registry." Here his call is taken care of by someone who is familiar with where the doctor is and how he can be reached. This is a great help to the patient who is naturally anxious to get in touch with the doctor as soon as possible, but it is also of great help to the doctor, for he knows that the nurse in charge of the Registry will get him promptly if necessary, and, on the other hand, not disturb him with unnecessary calls.

When the doctor leaves his house, he leaves the number of the Registry and has all calls relayed there. He delights in the fact that his calls will not be bungled by an inexperienced person, but received by someone familiar with medical conditions. As a result, the doctor learns more about his case than if the call were received through non-medical contact, and this often makes it possible for him to take with him special instruments or treatments he may need, thus avoiding a second trip. Then, too, as the Medical Registry is connected with the Nurses' Registry, he is able to get a special nurse sent on the case at once, if necessary.

As yet, all our doctors do not use the Registry, but more are joining as

they learn of its benefits, and see with what efficiency their cases can be handled. Personally, I feel that this is a definite step in the management and efficiency of a doctor's practice, and is as important relatively, as the progress in its scientific aspects. It seems to be generally admitted that medical care has vastly and steadily improved, but we know there are demands for socialized medicine. We, the members of the medical profession, should be the real leaders in organizing it, and should not forget that the economic and business end must always be contended with. There must always be a small beginning with hope of larger developments later on, and I feel that the Doctors' and Nurses' Registry is a very definite link in the long chain of progress.

## The Practical Nurse and the Registry

MILDRED EMMERTON

The service that a professional Central Registry for nurses provides for the practical nurse registrants and for the public is worthy of mention and, from experience, I have found that the general public is very appreciative of the fact that all their nursing needs can be supplied through one medium. There are quite a number of cases that can be adequately taken care of by a practical nurse. These would include a convalescent patient, possibly recovering from an operation; a young mother, home from the hospital, and needing a few weeks in which to regain her strength; or perhaps an aged person suffering from an illness that requires a stay in bed. In each of these instances the skill of the graduate nurse is not always necessary and to those of moderate means the service that can be given by the practical nurse is very helpful. At a time when the demands of the various war services absorb a great many registered nurses, the registry which carries practical nurses on its call board finds them helpful in meeting the nursing needs of the convalescent and chronically ill patient.

Practical nurses appreciate registering with a professional central registry because it enables them to work and to earn a livelihood not for themselves alone but often for a dependent as well. We recognize the prestige of belonging to a registry where records of each practical nurse's work enables the registrar to choose for us cases which she feels we are capable of handling. As a rule, our services follow those of the graduate nurse, although there are cases when we work together and we are usually requested to take the night shift.

One of the greatest benefits that the registry affords to the practical nurse is that the registrars are always willing to help us with our problems by giving us advice and guidance that may be needed at any time. I have used this service and I am very grateful to be a member of an organized registry.

There is one thing that I feel would be an advantage and that is if some instruction could be given to qualify us to care for cases that may be assigned to us by the registry. Many practical nurses have had no preparation and it may be that a course should be given before we take a case or that instruction should be provided from time to time. It seems to me that some plan should be worked out.

# A Day's Work in Newfoundland

C. A. S. Abernethy

In the course of a week I had attended four deliveries. The first was on the mainland, eight miles across the bay, and I had gone off duty looking forward to a quiet evening. Then I remembered I had promised some orange juice to the mother of a premature four-pound baby, newly delivered and being looked after by the local handywoman. So I went back to the dispensary. Returning, a glance at the entrance to the harbour showed a decked boat coming quickly in. I recognised it for it came from Davis Cove across the bay and when the skipper came ashore I found it was a call to a place three miles further on. He told me the men from there had come to Davis Cove by dory. Luckily, he had just returned from freighting a load. The woman in labour had written me saying what her condition was, and asking me to hurry back with the boat. When I reached her, delivery had already taken place, and the aged midwife had made her comfortable, though in a way not commendable to any trained nurse. Some bulky old blue aprons were rammed in the vagina, there was no binder on, and the bed had not been cleaned up. There was no rubber sheet, and it was a feather bed. We usually find this state of affairs. After being cared for in a competent manner, they see the benefit of efficient and regular attention. I gave one drachm of ergot and proceeded to do routine changing of bedclothes. There were no baby clothes ready but it was a healthy baby girl and was well wrapped up. Both mother and baby could be safely left until the next morning.

The journey home by boat was not without incident. The boat had been freighting a load of loose coarse salt, which is used for curing the codfish. On account of the war, a scarcity has been felt. But in Bill's boat it had been poured in the cabin and little piles were still to be seen in the corners. Sacks of potatoes lay in a huddle on one bench, along the wall. Remnants of a meal lay forward, by the side of a small stove, which was dirty and rusty. Logs of wood and "splits", the latter for kindling fresh fires, were strewn around. About halfway over, while I hung in the cabin doorway, my head out like the horses for the breeze, a great dark bulk loomed in the water behind us. It was a large whale and I waited to see him spout, but was disappointed. He was quite close to the boat.

Skipper Bill is a cross between an Eskimo and a French halfbreed, though he would tell you he is a pure Newfoundlander. He brought up all sorts of subjects in the course of conversation, one being that he supposed I had some money and was tired of this rough life in the Bay, especially in winter. I could still smell the onions he had carried as cargo, a whiff now and then coming up past me. Of course I explained that I liked the work and it was better to have someone really interested in the people and their health, rather than have someone who was not adaptable, nor prepared to rough it in order to help them. A twinkle came in his eyes. "You will end up by marrying a Newfoundlander, and I can see you settling down for good here." That night, we got closed in by fog, and I said to the skipper that I felt he was, in my opinion, heading straight for Burgeo Island. But he laughed; he had no need of a compass

and sure enough in an hour's time we made the place he had steered for, instead of veering to the west as I had feared. Everything was wet with the drifting fog and it was a clammy cold. By the next day a half-gale was blowing and I couldn't leave the settlement. There is no telephone and I was completely cut off from the other sixteen settlements I minister to. This lasted for another two days, the gale increasing to three-quarter force. The third night I left for my headquarters, and a lot of work.

This is one small slice of the work a nurse will sample in a day or two in Newfoundland. In every instance of being held up on account of stormy weather, I always devote one day to the school and pupils and visit every home.

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# Letters from Sweden

ELIZABETH LYSTER

*Author's Note*: While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

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*Hogbo Sanatorium*
*Falun, Sweden*
*December* 30th, 1940

Dear M:

Christmas has come and gone and what a strange Christmas it has been. For days before we were busy decorating the wards and rooms. Each ward has a tree and each room a smaller one alight with many candles. I was fearful for all these buildings are of wood, but nothing happened. Apart from those on the trees, there are dozens all over the place. It seems like a mild passion with them at this time, and it is nice. We had our Christmas dinner, sitting at the head table with the "husmor", Syster Anna, and one of the doctors and his wife. All the nurses have their meals with the patients, except supper, sitting at the head of each table and serving out the different courses. I can scarcely see over the large tureen and, by the time I have served twelve to fourteen bowls of soup or porridge, I feel I have earned my own meal. For Christmas dinner we started off by eating fish with plenty of white sauce and boiled potatoes. The fish is a special dried kind which one sees in large piles in the stores for weeks before Christmas. It reminded me of dried cod, but not the taste, which isn't a bit fishy. After this original start, we had pork and more potatoes and, for dessert a kind of porridge. At the bottom of each tureen there was an almond, and the lucky person who got this was supposed to compose a verse on the spur of the moment. One fat jolly middle-aged nurse rose nobly to the occasion but nobody else admitted that they had also found an almond lurking in the depths though it is supposed to mean

that you will be married within the year. In the evening, we went to Syster Anna's room to talk and eat nuts and raisins, the one familiar touch, until Syster Anna presented us with grey silk stockings which had had the feet cut off and the ends tied with red ribbon. They were stuffed with nuts, raisins, apples and oranges, a pot-holder and a small brass candle stick. She had heard that we had Christmas stockings in our part of the world and thought it would make it seem more like home for us. Words failed me then and do now when I think of it.

It is strange to be able to see both sunset and sunrise from the same window, which is what I can do from mine. It is dark when I get up at seven and the sky is not really light till nearly ten and just after two the sun is well down towards the horizon and it is dusk again before long. It is a short and fleeting curve which that sun makes and the sky seems to be coloured for many hours with its going and coming. We are high up here and I look down over the tops of the trees to Falun and the distant mountains and lakes. My room is just over the front door and the pavilions stretch out on both sides of me. There are long covered balconies where the patients spend many hours in reclining chairs muffled up to the eyebrows in bags and blankets, their caps pulled low over their ears. It all reminds me, in a rather strange unreal way, of the "Magic Mountain". Is it this that is unreal or is it I? The world seems very far away.

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*Hogbo Sanatorium*
*Falun, Sweden*
*January* 20th, 1941

Dear M:

The hours seem very long here, mostly because there isn't very much to do. I have actually given medicines (which is progress if you like) under supervision the first two or three times and once alone. Some of the names are alike which is a help. There is a whistle that goes off at odd hours of the day. It is the patients' clock and tells them they should be getting up or lying down or drinking a glass of milk or what you will. It sounds rather like a muted attenuated and mild fog horn. It is very cold, the thermometer reading from 9 to 36 below Centigrade yesterday—get B. to work that out into Fahrenheit. In any man's language it is cold but so far I have not frozen any fingers, toes, ears or nose.

We were having dinner in town one evening and a young lad came over to our table and introduced himself, saying he had heard we were English. He is interned here, waiting to be exchanged with a German. These exchanges go on all the time. He is a New Zealander from Auckland, and was in the New Zealand navy but came over to England before the war to go into the "signals" in the air force. He was flying over Norway in the war, near Trondjheim. The plane was forced down onto the sea and after swimming around for an hour, the crew was picked up by a destroyer. A few days later, they were flying again and again had to come down, this time in Sweden, the only choice being a forest or a lake. They chose the lake and swam for the shore where they were met by about fifteen Swedish farmers armed to the teeth. However, they took them in and dried them out and since then he had been enjoying the doubtful pleasures of internment. Six of the British flyers left last week on exchange for England via Russia, the Mediterranean and North Africa, apparently a shining example of the longest way round being the shortest way home. In the camp with him are Poles, Spa-

niards, French and Portuguese and one British. There is barbed wire, flood lighting, sentries and all and they just walk in and out as they will. They are supposed to report every few hours. In many respects it is not so bad, but time hangs heavy with nothing to do day after day. The British Legation in Stockholm sends him printed news reports and he has asked them to send them to me too. They also sent him a couple of bottles for Christmas and the parcel was opened by the censor who wrote on the wrappings "Skal—the Censor". "Skal" is the Swedish toast.

We are the proud owners of real ski slacks—dark blue and warm. They were sent to us by a friend in Stockholm. Mine are very baggy and pout out at the back, but who cares. We have joined the town library and my first two English books in quite some time are "No Pockets in a Shroud", and "Eyeless in Gaza". I'm wondering how long it will take me to exhaust their supply which is a mixed and motley collection, Dickens rubbing shoulders with E. M. Dell and Galsworthy with Zane Grey. We have hired a radio by the month and it is so good hearing music and getting the odd spot of English news. I have been skiing several times and am improving a little. It is marvellous country round here for it.

You'll never believe it, but five days out of seven we have potatoes three times a day—yes for breakfast, dinner, and supper and it is the usual thing to take two and often three at a time. It is not good manners in Sweden to leave anything on your plate. They scrape up all the gravy with the knife, run it through the prongs of the fork and some how manage to get it to their mouths before it gets away from them. We have tried, without much success. You can always pick out our plates. It's a technique which must be acquired young.

*Hogbo Sanatorium*
*Falun, Sweden*
*March* 2nd, 1941

Dear M:

All over Sweden, a few weeks ago, skiing competitions were held. You had to go one mile (Swedish) across country in one and a half hours. All the conditions were in my favour the day I tried, which was fortunate, as I did it with just four minutes to spare. One day we went out skiing in the woods and had a great time, but I got mixed up in the turnings and we got lost and came out finally when it was getting dark, about ten kilometers from Hogbo. We were rather done in, so we went into a farm house, where they called a taxi for us and treated us to coffee and cakes. It has been very mild in fact a "January thaw". There are even patches of grass showing which is remarkable considering how much snow there has been lying around. It is light now from 7 a.m. till after 5 p.m. One sees a change each day.

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*Hogbo*
*March* 16th, 1941

Dear M:

To-day I am looking after a ward while the Syster in charge is free for the day, and to-morrow I am to look after another ward for an indefinite number of days for the Syster has influenza. Spring is really in the air here now, the sun is very warm and the snow banks are shrinking fast. Quite a stretch of roadway to Falun is bare and, on a patch of grass in the grounds of the hospital, are small clumps of yellow crocus.

I picked up a paper the other evening and read, with you can imagine what feelings, that Kohlby Gaard had burned to the ground. The fire broke out very early one morning and I suppose it was miraculous that all of them got out alive.

But they have lost everything apparently—all the old oil paintings and glass and linens—everything. It is impossible for me to realize that that old white wooden house no longer exists except in my mind and memory and in those of all who have lived there and known it.

*(To be continued)*

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## A Story of Progress – 1917-1942

Its Silver Anniversary was celebrated by the Saskatchewan Registered Nurses Association in Moose Jaw on May 28 and 29, 1942. Miss M. Diederichs presided at all sessions of the twenty-fifth annual convention. While none of the charter members could be present, greetings from them were read by Miss R. M. Simpson in letters received from: Misses Jean Browne, Jean Wilson, Norah Armstrong, and Mesdames Effie Feeny and Elizabeth Van Valkenburg. Although not a charter member of the Association, Miss Simpson's contributions to nursing especially in Saskatchewan are already most honourable traditions. Members of the S. R. N. A. were also very happy to pay special tribute to the Reverend Sister Vincent, Superior of St. Paul's Hospital, Saskatoon, and to Sister Benignus of Providence Hospital, Moose Jaw, as both of these Sisters were among the first members of the S.R.N.A. In reading the letter received from Miss Jean Browne, it was recalled that she was the first president of the S.R.N.A. and that Miss Jean Wilson was the first honourary secretary. Saskatchewan is proud to include these and other outstanding women in the nursing profession among their pioneer leaders.

Enduring thanks to Dr. Murray, President Emeritus of the University of Saskatchewan, for his assistance in the passing of the first Nurses Act for Saskatchewan and for his support of all nursing progress over a period of years, was expressed to him personally in a resolution presented by Miss Simpson. Happy circumstances made it possible for Dr. Murray to attend and to address the meeting. Great appreciation was also expressed at the continued and unfailing interest in nursing progress as reflected in the support given by the authorities in the University of Saskatchewan at all times. Special mention was made of the University School of Nursing established in 1938.

In addition to the routine reports, which were full of interest, a whole session was devoted to the study of the student nurse and her future as a graduate. Special emphasis was placed on the individual nurse's responsibility at this time for meeting the demands placed upon the profession. The report of progress made in schools of nursing throughout the province was encouraging, although it is apparent that much should still be done in most of the schools to improve living conditions and hours of duty and to secure an increase in the number of qualified personnel. The importance of maintaining standards and requirements for entry to approved schools at as high a level as possible was discussed, although it was agreed that for the duration of the war the minimum entrance age requirement might be reduced to eighteen years. A recommendation to this effect was unanimously passed by the Hospital and School of Nursing Section. It is felt that many desirable students are lost to the profession, as the brighter ones graduate from high schools at an early age. It was announced that a loan fund to assist in furthering the education of the nurse would be established immediately. The Association also went on record as re-endorsing the organization of the Association into districts and chapters and the by-laws were revised to provide for this.

A special and very interesting session was devoted to the discussion of the recommen-

dations that resulted from the Joint Conference held in Montreal and developments in connection with these. Topics were presented by various speakers as follows: Introduction, Miss K. W. Ellis, Emergency Nursing Adviser, Canadian Nurses Association. The Specially Qualified Graduate Nurse: Hospital and School of Nursing, Miss Peggy Kahlo, instructress, Moose Jaw General Hospital; Public Health, Miss Gladys McDonald, supervisor of school nurses, Regina; the Student Nurse, Miss Christine Winning, instructress, Regina General Hospital; the General Duty Nurse, Miss Ella M. Howard, director of nursing, Saskatoon City Hospital. The place of refresher courses in the present day program was discussed by Miss Lillian Ganshorn, instructress, Victoria Hospital, Prince Albert. "The Business of Living—the student of today as the graduate of tomorrow" was the topic chosen by Mr. M. R. Ballard, B.A., B. Paed., principal, Central Collegiate Institute, Moose Jaw. The summary was ably conducted by Miss R. M. Simpson, director, Public Health Nursing Services, Saskatchewan.

The address given by the president, Miss M. Diederichs, was an inspiring one. She referred to the special event which was being celebrated and paid tribute to the charter members and also called upon all nurses to accept individual responsibility in the present crisis. Another stimulating project of the convention was the history of nursing exhibit shown last year, and again this year with interesting additions. With some exceptions, this exhibit was prepared by the schools of nursing and professional organizations in the Province. An outstanding exception was that of the two lovely dolls dressed and donated by the Reverend Sisters of the Hôtel-Dieu, Montreal, representing Jeanne Mance of 1642 and her follower of 1942. This delightful handiwork served as a very fitting reminder of the contributions made to nursing in Canada by this great leader. Two other new and telling contributions to the exhibit were those representing *The Canadian Nurse*, by Miss Ella Howard, and a study prepared by Miss Jean Whiteford, convener of the committee on health insurance and nursing service of the S.R.N.A. We are sure the former must have stirred the many "Mean To's" to become actual subscribers and contributors to *The Canadian Nurse*. As a means of interesting and informing high school and other students in nursing, the exhibit is now being shown in several centres of Saskatchewan. A number of students in Moose Jaw were introduced to it and to nursing as a profession of wide opportunities.

At a dinner held on Thursday evening the entertainment was provided by the Royal Air Force. Squadron Leader Foster gave an inspiring address and other members of the Royal Air Force contributed in a lighter vein. At the close of the sessions, a delightful tea was given by the Moose Jaw Graduate Nurses Association. The president, Miss Gladys Selvig, and Miss Patricia MacKenzie, were in charge of arrangements.

Nurses left Moose Jaw with a feeling that Miss Mary Ingham, as convener of arrangements, and her committee offered a challenge that will not easily be met in other centres—a challenge accepted by Miss Eleanor Fendley, president of the Saskatoon Registered Nurses Association, when she extended an invitation for the twenty-sixth annual convention to be held in Saskatoon.

The officers elected for the coming year were: president, Miss Matilda R. Diederichs, Regina; first vice-president, Miss Mary E. Ingham, Moose Jaw; second vice-president, Miss Elizabeth A. Pearston, Melfort; councillors: Miss M. Ethel Grant, Saskatoon; Reverend Sister Hildegarde, Humboldt; chairmen of sections: public health, Miss Gladys McDonald, Regina; hospital and school of nursing, Reverend Sister Mandin, Saskatoon; general nursing, Miss M. R. Chisholm, Saskatoon.

It was a grand convention. Youth was there in full force and interpreted the modern trends with courage and conviction, while paying respect and tribute to the foundation upon which these are built, and to the builders of it.

R. S. CHRISTILAW
*Acting Registrar, S.R.N.A.*

# STUDENT NURSES PAGE

## A Good Place to Learn

DORIS FOWLER

*Student Nurse*

*School of Nursing, Toronto Western Hospital*

The out-patient department is one of the most interesting departments of any hospital. Here, patients who are not ill enough to be in hospital are treated and advised. Those who have been in hospital return for observation and treatment and a record is kept of their progress. Some of these people have been attending one or more clinics for many years and have learned to confide in the doctors and nurses. The department thus provides a contact between hospital and home and we learn more about the personal side of their lives. This is an important factor in treating some cases; patients may not realize the seriousness of their ailment until they come for advice. Even patients who are already in the wards are sometimes referred to various clinics for examination and treatment.

The emergency department is open to everyone at any hour of the day or night. Many workmen's compensation cases are admitted and special information regarding the employer and place of work is obtained. The patient is quickly prepared for the doctor; clothing is removed; wounds are cleansed and the patient is kept warm and as comfortable as possible. Sterile surgical trays are ready at all times. Each patient with an open wound is given an appropriate dose of anti-tetanus serum after a sensitivity test has been given five minutes before. Fracture cases are taken immediately to the fracture room for fluoroscopic examination. If casts are applied a general anaesthetic may be given. Sprains are treated with support and bandages. Numerous minor operations are performed which are not real emergencies. These include incision of infected fingers, removal of cysts and excision of abscesses.

Pre-natal clinics are held in the obstetrical division and on their first visit all patients are given a complete physical examination. On all subsequent visits the foetal heart and pelvic measurements are checked; haemoglobin, blood pressure and a urinalysis are taken. A health service nurse talks to the mother and advises her regarding her diet, clothing and all preparations for the baby. At the post-natal clinic, the mothers are examined to make sure that all the organs have returned to their normal size and position.

In the anaemia clinic, patients suffering from pernicious anaemia are given injections of liver extract intramuscularly and, with weekly treatments, these people can carry on their daily tasks.

At each visit a white and a red blood count is taken. In the eye clinic, patients to be examined for the first time have homatropine and cocaine drops instilled into the eye to dilate the pupil. If glasses are found necessary the patient is given a prescription and if he is unable to pay for them he is referred to the Health Service Department for assistance. A recent addition to the equipment in this clinic is the large electric magnet used for removing bits of steel from the eye. The arthritic clinic is a very large one and is held three times weekly. The patients usually receive injections of various vaccines and some the new gold treatment, a solution made from the sodium salts of gold which is proving useful in many cases. Some are referred to the physiotherapy department for treatment.

In the heart clinic the blood pressure is taken and the chest examined. An electro-cardiagram is frequently made. Digitalis is the commonest medication ordered and each patient is given advice as to diet, rest and exercise. They are hospitalized if they cannot carry out the doctor's orders or afford the proper food.

The chest clinic is one of the largest clinics and work is done which is of infinite value to the community. Health service representatives take an active part as it is necessary for the public health district nurse to visit most of the homes. An effort is made to ascertain environment and possible contacts to trace the disease. Serologies and chest x-rays are routine and sputum is sent for culture periodically. A considerable number of the patients are given pneumothorax treatments. Some must be referred to sanatoria and in many instances, the health service must make reservations and look after financial arrangements as well as making provision for the patient's family.

A special clinic is held for the treatment of venereal diseases and an attempt is made to find out the history and source of infection. The law requires that all persons with venereal disease must undergo treatment until cured.

The following summary shows what I learned from my term in the out-patient department:

The care of instruments and equipment and the practice of rigid economy.

The care of surgical wounds and the necessity of strict asepsis.

The removal and application of casts.

Treatments of the ear, nose and throat.

Treatments used in minor gynaecological disorders.

The treatment of varicose veins and ulcers.

The procedure and results of ligating the saphenous vein.

The use of liver extract for pernicious anemia.

The use of various vaccines in the treatments of arthritis and the new gold treatment for this disease.

The meaning and action of pneumothorax.

The government regulations regarding the control of venereal diseases and the use of the specific drugs in treating them.

The use of anti-tetanus serum for all patients with open lacerations.

The routine for admitting a patient.

## M.L.I.C. Nursing Service

*Miss Gwen Spriggs* (Homoeopathic Hospital, Montreal, 1933, and public health nursing course, McGill School for Graduate Nurses, 1937) recently resigned as Metropolitan Nurse in Fort William, Ontario, to be married.

*Miss Clarissa Chivers-Wilson* (Port Arthur General Hospital, 1920) has resigned from the Company's service to be married. Miss Chivers-Wilson has been Metropolitan Nurse in Niagara Falls since the first of the year.

# Service on the Home Front

*Editor's Note*: The Council of the Registered Nurses Association of British Columbia has recently issued this eloquent appeal to its members:

It is now two years since the members of the Canadian Nurses Association (which means you and I, or at least persons representing you and I) sent a special message to the Prime Minister of Canada, reaffirming our loyalty and offering our services in furthering the war effort of our country. Those were the days of the capitulation of France . . . dark days for us and for our cause! There have been many such days since, and many more lie ahead of us before we shall achieve that ultimate victory and peace in which we all believe.

Many have volunteered and are serving with the armed forces both at home and abroad. Nurses have gone from Canada to South Africa and to Scotland. Some of our nurses were in Hong Kong when it fell to the Japanese. We were most sincere in that pledge of loyalty and service which we sent to the Dominion Government in the summer of 1940. We are equally sincere and anxious to serve to-day. Is there not a tendency, however, when expressing such a desire, to hold in our minds only the idea of service with the armed forces, forgetting that, though only a comparative few may have that privilege, there is great need and opportunity for service on the home front?

In June 1940, we were scarcely conscious of a shortage of nurses in civilian life. Now, such shortage is quite acute in certain parts of the country and is being felt to a more or less degree all across Canada. Never before were civilian health services more important than at the present time or more closely related to our war effort! Illness of workers means loss of working days, slows production, and results in a lessening of the output of the essential weapons of war. The results of a recent Gallup poll showed there had been 600,000 men ill, resulting in a total loss of 3,500,000 working days! Translated into terms of production this meant the loss of 370 bombers or 70 corvettes or 377 cruiser tanks. All this loss because of personal illness! Can anyone feel that civilian nursing plays no part in our country's war effort?

Times are better for the nurse. Because there is a shortage of nurses, she can choose her position. She can demand better salary and working conditions. She can change her position practically at will without fear of being unable to find work again. The fact that nurses are doing just this is only too evident by the very high turnover of staff in most of the hospitals to-day. Civilian services must go on and hospitals must face their difficult problem of providing nursing care for sick patients. Many of our hospitals are having a difficult time and working very short of staff.

The Registered Nurses Association of British Columbia realizes only too well that salaries and working conditions are not always what we would like them to be and we are working toward their improvement. At present a survey is being made of salaries paid to nurses working in hospitals throughout the province. From information thus obtained it is hoped to draw up a definite salary schedule to recommend to all hospitals. At the same time, recommendations in regard to other conditions will also be made. In the meantime (if you are working in hospital) won't you do your part by thinking it over very carefully before deciding to seek a new position? Ask yourself if the change which you contemplate will mean that you will be making a greater contribution to your country's service at the present time. Carrying on to the best of your ability the job which you are already doing is often the most helpful, though at times a difficult thing to do.

As a profession, our present task is twofold: to meet emergency needs and to safeguard standards. What standards? The standard of safe expert nursing service and the standards of nursing education which include: standards of admission to schools of nursing; standards of instruction in

schools of nursing; registration standards; standards of requirement for higher level positions. Safe expert nursing service cannot be maintained if our other standards are allowed to suffer. If every nurse accepts her full responsibility we cannot fail.

Those who remember the depression may also remember that at that time hospitals did a great deal to help nurses. Classes were reduced in order to provide work for graduate nurses. Work was distributed as widely as possible by changing certain of the graduate staff frequently, often every two or three months. Such changes were not conducive to a stable nursing service but were carried out as a means of providing at least some work for as many nurses as possible. We remind you of these things because many nurses to-day are too young to remember or to realize that such things did happen. Thus, when times were bad for the nurse, many hospitals did their best to help out. Now the situation is reversed (partly because of the reduction in the number of students) and hospitals are asking the help of nurses in their efforts to achieve a stable and an adequate nursing service for their patients. You can help if you will. If you are already employed on the staff of a hospital, don't change your position unless by doing so you will be making a better contribution to the service of our country during this present time. If in the private duty field, and able to do so, you can help by offering to relieve on the general nursing staff of the hospital particularly during the holiday season. Most hospitals are short staffed these days and their nurses are working under terrific pressure. They must have a vacation to enable them to carry on. If you are not now in active nursing, but are able to do so, why not return for the duration of the war? That would be making a real contribution, and would help to lessen the number of 'practical nurses' to be found in the community after the war is over. The sick in hospital must be cared for and if hospitals are not able to obtain fully qualified nurses they will surely turn elsewhere for help.

## The McGill School for Graduate Nurses

Convocation on May 27, brought to a close a busy year in the School for Graduate Nurses. Of the thirty-three nurses graduating, two received certificates in administration in hospitals and schools of nursing; nineteen in public health nursing; and twelve in teaching and supervision in schools of nursing. They had come from various parts of Canada, and most of them returned to their respective provinces, to fill positions which were awaiting them. The staff and students spent a happy year in the very satisfactory quarters which have been provided at 3466 University Street, adjoining the campus. The pleasing interior offers ample accommodation for the library, classroom, students' lounge and offices.

Graduates of the School are playing their part in Canada's war effort, and at least thirty-five alumnae are serving with the armed forces. Many interesting letters have been received from England and South

Africa. Because of the need for preparedness, the School was a centre for war service activities throughout the year. All students of the School obtained the first aid certificate of St. John Ambulance Association, and received training in fire fighting and gas drill. In addition, first aid classes were conducted by the staff for other groups in the University. Extension courses were offered to meet the special needs of local nurses serving in hospitals and the public health nursing field.

In looking forward, it is difficult to estimate the number of specially qualified nurses which may be needed, or the new demands which may be made in the next few years. An alarming shortage of fully prepared nurses is being realized, and the situation will become more acute as the war progresses. Consequently this growing need places greater responsibility upon our university schools for the preparation of larger numbers of promising nurses as administrators, teachers and supervisors in all fields of nursing. Graduate nurses should think seriously, therefore, of equipping themselves to meet more adequately the challenge of the times, and to be ready to play their full part during the period of reconstruction.

Wide publicity has been given to the loan fund of the Canadian Nurses Association, which has already enabled many nurses to undertake postgraduate study. The McGill School is fortunate in the number of scholarships and bursaries which are available to candidates for entrance. These scholarships are offered by the Montreal General Hospital, the Royal Victoria Hospital, the Shriners' Hospital, the Children's Memorial Hospital and the Alexandra Hospital. In addition, substantial assistance is given by the Alumnae Associations of the Schools of Nursing of the Royal Victoria, Montreal General, and the Homoeopathic Hospitals. The Association of Registered Nurses of the Province of Quebec annually offers a scholarship, and the Victorian Order of Nurses for Canada maintains its policy of assisting members of its staff to undertake further postgraduate work. Graduates of the School will be glad to know that Miss Frances Upton still gives leadership to the finance committee, and that Mrs. L. Fisher (Frances Reed) has recently been appointed chairman of the Flora Madeline Shaw Endowment Fund Committee. Mrs. Fisher is a past president of the Alumnae Association, and she has maintained a very deep interest in the School.

Because of the demands made upon members of the Alumnae Association during the past ten years to meet current expenses of the School, the Endowment Fund has of necessity grown very slowly. The special objective for this year, it has been decided, shall be to add to this Fund. The Committee has been studying ways and means to achieve this end, with due regard to the many demands being made from other quarters nowadays. During the summer, all graduates will receive details of this plan, and past experience leads the Committee to feel confident that there will be wholehearted cooperation in this endeavour. Members of the Alumnae Association of the School are reminded that the regular payment of the membership fee adds one dollar yearly to the Endowment Fund.

## O.N.S.A. News Letter

The members of the Overseas Nursing Sisters Association across Canada acknowledge with sincere pride the honour which has been conferred upon a greatly beloved member, Miss Elizabeth Smellie. The first woman to receive the highest honour in the University's gift, the honourary degree of Doctor of Laws was recently bestowed upon her by the University of Western Ontario, London. To mark this happy occasion, Miss Smellie was guest of honour at a dinner given by the *London Unit*, O.N.S.A.

The *Halifax Unit* reports that many of their members are again doing duty in the new conflict. The *Toronto Unit* reports a most successful "Indoor Street Fair" held

recently at the Queen Elizabeth Hospital by the kind permission of the Board of Governors and Miss Pearl Morrison, the superintendent of the hospital and president of the Unit. Arrangements were carried out under the convenership of Mrs. Gilbert Royce. The fair was opened by Matron Emma Pense lately returned from overseas service and, among other features, included a most successful raffle organized by Mrs. Jack Bell. The event was largely attended and realized a profit for war purposes of $1,702.40. Bravo, Toronto!

A happy occasion occurred recently in the family of Miss Helen Lunn, a member of the nursing staff of the Ontario Provincial Department of Health. The celebration of the "diamond wedding" of her parents, Mr. and Mrs. William Andrew Lunn, was marked by a message conveying the good wishes of Their Majesties King George and Queen Elizabeth, and congratulations were also received from the Prime Minister, Mr. W. L. Mackenzie King and from the Premier of Ontario. Miss Lunn served with distinction as Sister during the first Great War and her brother made the supreme sacrifice at Vimy Ridge.

## The A.R.N.P.Q. Annual Meeting

The twenty-second annual meeting of the Association of Registered Nurses of the Province of Quebec was held on May 15 covering one day only, in order that a larger number of our members would be assured attendance at the biennial meeting of the Canadian Nurses Association. Mental and physical preparedness to meet the immediate problems confronting us and to withstand the trials which may lie ahead was the keynote of all addresses and reports given during the sessions. The French Hospital and School of Nursing Section held a most successful session under the chairmanship of Rév. Soeur Mance Décary. Miss Suzanne Giroux presented some problems in professional nursing and their possible means of solution while Rév. Père Emile Bouvier, Professor, School of Social Service, University of Montreal, gave an excellent and timely address on health insurance. A general business session under the chairmanship of the President, Miss E. C. Flanagan, occupied the afternoon and was one of the best attended and most interesting in the history of the Association. Greetings from Miss Grace M. Fairley, President, Canadian Nurses Association, particularly relating to the three-hundredth anniversary of the arrival of Jeanne Mance and the foundation of our City, were presented in both languages and enthusiastically received.

All reports were read this year, the custom established in 1941 of mimeographing them for distribution being cancelled as a measure of economy. From evidence presented in the reports one would gather that we are trying to understand each other, our mutual problems, our particular and special difficulties, and our full responsibility in regard to them. The main difficulty at the moment is that which we have in common with other similar groups, namely: the preservation of a good standard of nursing preparation and service in the face of present day world conflict and upheaval. The honourary treasurer, Miss F. Munroe, reported an income of over $15,000 and a substantial bank balance at the close of the year. Two scholarships of $350 each were awarded and an additional $1,000 was subscribed to Canada's second Victory Loan, bringing our total invested capital to $7,500. All five sections of our Association recorded an active year with refresher courses sponsored by them being well attended. The Registrar's report showed a membership in good standing of 5,442 including 707 on the non-active list. Of our active membership 1261 are engaged in private duty; 1891 in institutional nursing; 681 in public health; 236 with the Armed Forces, 200 of whom are serving overseas, including 25 in South Africa; the remainder are employed in doctors' offices, Trans-Canada Air Lines, as laboratory technicians, registrars and medical artists.

The number of members in arrears is 1045. Enrolment for National Emergency Service is 1586. The total enrolment, including non-registered nurses, is 2500.

In the evening, the sessions were conducted concurrently in both languages, the speakers being Brigadier G. P. Vanier, D.S.O., M.C., Officer Commanding M.D. 5, who addressed both groups most eloquently on "The Times in which we Live". Brigadier Vanier's encouraging message will not soon be forgotten. Dr. Baruch Silverman's address to the English-speaking group on mental health in wartime was most appropriate and helpful and was much appreciated, as was that given to the French-speaking group by Rév. Père Mailloux, Professor of Psychology, Ecole Normale Secondaire, whose subject was "The Nurse on the Invisible Front." Miss Flanagan and Mlle Juliette Trudel presided during these sessions. The morning session was held at the School for Nurses, Hôpital Notre Dame, and the others at the Windsor Hotel.

As a result of the elections three members were re-elected to the Board of Management, while two new members, Miss Maria Beaumier of Quebec City, and Miss A. Martineau, convener of the public health section, were elected to office. Subsequently, during a meeting of the Board, all officers were returned for the coming year. And so the twenty-second annual meeting of the Association of Registered Nurses of the Province of Quebec demonstrated a unity of purpose within our group with a vote of confidence in our officers expressed in no uncertain terms. These officers are: president, Miss Eileen C. Flanagan; English vice-president, Miss Mabel K. Holt; French vice-president, Rév. Soeur Valérie de la Sagesse; honourary treasurer, Miss Fanny Munroe; recording secretary, Miss Alice Albert. The members without office are: Misses M. E. Nash, Maria Beaumier, Mary Ritchie, Annonciade Martineau and Maria Roy.

E. Frances Upton
*Executive Secretary and Registrar*

## Institute for Public Health Workers

The annual Institute for Public Health Workers, sponsored by the Provincial Board of Health of British Columbia, was held recently in Victoria. The purpose of this gathering is to make available, for those public health workers in areas outside of large cities, information on newer developments in public health as well as discussions of existing problems. Invitations were sent to public health nurses in other services in the province and about eighty were in attendance for the sessions on the three days. The main topics dealt with nutrition, and prenatal, infant and preschool health. The group was particularly fortunate in being able to hear Dr. Jennie I. Rowntree, professor in the School of Home Economics of the University of Washington, on the subject of nutrition. Dr. Rowntree dealt with the subject from a very practical point of view, emphasizing the need for sound knowledge embracing simple and economical preparations of food contributing to adequate nutrition. In the last of her three talks, Dr. Rowntree discussed briefly the food essentials of the prenatal period and of children through infancy to school age, and included the question of school lunches. The group was cautioned to avoid concentration on dietary problems to the exclusion of "living" for, as Dr. Rowntree said, "when you worry about your habits what good are you to humanity?" Her advice was: "Learn your nutrition, learn to substitute, then, knowing that your food is adequate, forget it."

Miss Grace M. Coffman, supervisor of nurses, Tacoma Public Health Nursing Association, Tacoma, Washington, afforded considerable pertinent information in her review of maternal, infant and preschool health. Miss Coffman, who is doing a very interesting piece of work in the co-ordination of the public health nursing services under an organization of combined private

and official agencies, discussed the various phases in maternal, infant and preschool health program in a generalized public health nursing service. Dr. Mary Luff, mental hygienist, of the Greater Vancouver Metropolitan Health Committee, who had considerable experience in England following the outbreak of war, addressed the group on mental hygiene in wartime. She presented a great deal of interesting and practical information particularly with regard to the care of children as well as of adults during and after air raids. Members of the staffs of the various Divisions in the Provincial Board of Health presented material on tuberculosis and on syphilis in the periods of pregnancy, infancy and preschool. Included also was information on sanitation and on the use of vital statistics in the public health program.

Adequate time was allowed for questions and part of one session was devoted to discussion by smaller groups of public health nurses, of topics related to those on the program. At a later session, reports from these groups were presented by the discussion group leaders. A luncheon, held on the second day, followed by a showing of films was described by one of the public health nurses as a demonstration of practical nutrition. All in all, the Institute was a great success and the many comments gave assurance of the value of a program of this type.

—HEATHER KILPATRICK

# NEWS NOTES

## ALBERTA

EDMONTON:

The annual banquet of the School of Nursing of the University of Alberta Hospital Alumnae Association was held recently with members of the graduating class present. A report was presented regarding the refresher course being conducted in conjunction with the Royal Alexandra Hospital, with practical experience available at U.A.H. Members of the new executive were introduced. The following members have been elected to serve during the coming year: Honourary president, Miss Helen S. Peters; president, Miss G. Vickers; vice-president, Miss A. Whybrow; recording secretary, Miss D. Russell; Corresponding secretary, Mrs. N. Alexander; treasurer, Miss M. Baxter; social convener, Mrs. F. Beddome; press representative, Mrs. N. Pound; executive committee: Miss M. Strachan, Miss A. Revell, Miss B. Sloane.

A worthy successor to the Florence Nightingale Memorial service held last year in Convocation Hall at the University of Alberta was the re-dedication service held by the nurses of the district in Robertson United Church, Edmonton, on May 10. The nurses made an impressive picture as they filed across the churchyard and marched in to occupy the body of the church. The choir loft was filled by ten students from each of the four training schools in the city. Rev. W. G. Wilson, D. D. gave an inspiring address. All nurses are eagerly looking forward to a repetition of the service next year.

The May meeting of Edmonton District No. 7, A.A.R.N. was under the direction of the public health nurses. Dr. Little, medical officer of health, conducted a practical and instructive discussion of the city's preparations for air raid precautions.

CALGARY:

The annual banquet, given by the Calgary General Hospital Alumnae Association in honour of the graduating class, took place recently. More than 260 guests were present —several in the uniform of the Services. The "Big Sister, Little Sister Candle Lighting Ceremony" which initiates new graduates into the Alumnae Association was very impressive. Miss Nora Baker, dressed as Florence Nightingale, entered carrying a lamp with which she lit the candles of the older graduates who, in turn, gave the light to the 1942 graduates. In her presidential address, Mrs. A. E. S. Warrington spoke of the C.G.H. graduates who are in the services. Nine are in the Army, two in the R.C.A.F., three in England, and eight in South Africa. Miss Doris MacLeod, president of the graduating class, thanked the members of the Alumnae Association for their assistance to nurses in training, and Mrs. J. N. Gunn brought the best wishes of the Board of Directors. Mrs. Charles Choate proposed the toast to absent members and Miss Barbara Beattie to the out-of-town members. Mrs. J. A. Morrison proposed the toast to

the training school staff to which Miss Anna Hebert, superintendent, responded. A letter from Miss Sara S. Macdonald, former superintendent of nurses, now residing in Vancouver, was read. Mrs. Richard Cunniffe was convener of the banquet committee. Two plays, under the direction of Mrs. Edmund Thomas, brought a very successful evening to a close.

The following marriages of Calgary General Hospital graduates have recently taken place: Louise Bucklee (1940) to Joseph Turner; Doreen Bradley (1941) to Sub-Lieut. Thomas Hall; Viola Tuff (1941) to David MacDonald; Elspeth Rae (1940) to E. B. Hall.

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## BRITISH COLUMBIA

### Greater Vancouver District, R.N.A.B.C.:

The members of the three chapters — the West Vancouver, North Vancouver, and the Vancouver Chapter — gathered on May 7 in Vancouver to form the Greater Vancouver District. Miss K. I. Sanderson, organizer of districts and chapters for the R.N.A.B.C., was in the chair, and Miss Bastin of the West Vancouver Chapter, was acting secretary. Miss Sanderson gave a most encouraging account of the progress made in the formation of chapters and districts in British Columbia — there being twenty-nine nursing associations, as compared to eight, three years ago.

Miss Margaret Kerr, convener of the Placement Bureau Committee, gave her report of the formation of a nursing bureau and placement service which would adjust the needs of the hospitals for additional staff to the supply of nurses in need of employment. This subject stimulated much discussion as it is a very vital question, concerning the private duty nurse particularly. The nominating committee, convened by Miss Lyle Creelman, gave the report of the nominees for the executive of the newly formed district. The following nurses hold these positions: president, Miss Mary Henderson, of the Vancouver Chapter; vice-presidents: Mrs. G. A. McLaughlin, of North Vancouver, and Miss Ursula Whitehead, of West Vancouver; secretary, Miss K. Heaney, of Vancouver; treasurer, Miss Louise E. Jones, of West Vancouver; General Nursing Section, Mrs. B. Cox, of Vancouver; Hospital and School of Nursing Section, Miss M. Watson, of Vancouver; Public Health Section, Miss P. McDiarmid, of North Vancouver. Miss M. Duffield, president of the Registered Nurses Association of British Columbia, closed the meeting with an appeal for better attendance and greater participation in the new Association.

### National Hospital Day:

This year in British Columbia, National Hospital Day took on a two-fold purpose: a campaign of publicity in the newspapers, sponsored by the R.N.A.B.C. in various parts of the Province, and a memorial rededication service when all eyes were turned toward the sacrifices and courage of nurses all over the world in fighting disease and preventing suffering. Publicity in Victoria was arranged by Miss Dorothy R. Colquhoun, senior instructor, Royal Jubilee Hospital, and included photographs of nurses under the heading "Canada Needs Nurses". The Kootenay Lake General Hospital at Nelson held open house, and visitors were guided to the various departments by staff nurses, and were afterward entertained at tea by the Women's Auxiliary. Nurses of the Nelson Chapter attended a rededication service held in commemoration of the 122nd anniversary of the birth of Florence Nightingale. In Vancouver, a similar service was held, at which there was a large attendance. Hospital Day was brought before the public by newspaper articles and photographs depicting a student nurse's day, and an interesting resumé of the life of Florence Nightingale.

### *Vancouver General Hospital*:

The Vancouver General Hospital Alumnae Association, as is their annual custom, entertained the V.G.H. graduates of 1942 at a banquet and of the 187 present, 62 were members of the graduating class. Speakers excelled themselves in their very gracious toasts. Miss Maitland and Miss Duffield gave the toasts to the Hospital and the graduates, and received replies from Miss Fairley and Miss Rollo respectively. Miss Janet Pallister was the lucky winner of the draw for the floral centre piece. Miss Ruby Peterson gave piano selections and accompanied the community singing, led by Miss Grace Noble. The drama of the evening, "The Hysterics of Nursing", a true tale, designed for the education of the graduates of 1942, brought to light many skeletons long hidden in cupboards of older graduates. Members of the Alumnae Association took part in the skit while Miss Beth McCann gave the commentary.

### Victoria:

Dr. D. M. Baillie of Victoria, in an address given to the members of the Vancou-

ver Island District No. 1 (Victoria Chapter), stressed the need for closer co-ordination between physicians, surgeons, dentists, public health officers, hospitals, nurses, physiotherapists, technicians, nutritionists, and sanitary engineers, pointing out that the maintenance of community health was dependent on the services of all these agencies. In acknowledging the difficulties of a perfect plan, Dr. Baillie referred to the gap between the public health services and the private practitioner. He went on to say that: "A health insurance scheme for Canada is under consideration. This is a step that should have been taken many years ago. Canada has been woefully behind many other countries in legislation of this kind, such as Denmark, Sweden, and Great Britain. In this regard we have much to learn from Soviet Russia, which has the most advanced and comprehensive medical and public health set up in the world today."

Dr. Baillie closed his remarks by saying: "The line of advance, then, in modern medicine is the careful and co-ordinated activity of all the agencies I have cited. This has to be accomplished by a central planning authority under our constituted government. It will not come until the people of Canada demand it."

The annual meeting of the Victoria Chapter, R.N.A.B.C. was held recently when the following officers were elected: president, Mrs. J. H. Russell; first vice-president, Sister Mary Claire; recording secretary, Miss G. Wahl; treasurer, Miss N. Knipe.

Rededication Services were held at St. Andrew's Cathedral and First United Church, with 325 nurses participating, many of whom were in uniform. Addresses were given by Bishop Cody and Mr. McLeod.

Thirty-nine graduates of the School of Nursing of St. Joseph's Hospital recently received their diplomas from His Honour the Lieutenant-Governor at an impressive ceremony, marking the 41st annual commencement exercises of the Nursing School. Mrs. Angus Campbell's bursary was won by Miss Goldie Hannah. Forty-four nurses recently received their diplomas and gold badges at the graduation exercises of the School of Nursing of the Royal Jubilee Hospital. The Robert Sand Patience Day Memorial Scholarship was won by Miss Florence Johnson.

The following marriages have recently taken place: Isobel Court McIntyre (St. J. H., 1942) to James Anthony Wood; Ina Purves (St. J. H., 1938) to C. F. McNaughton; Vera Jane Dillman (St. J.H., 1940) to James Richard Munro, R.C.N.V.R.; Jeanne Theodora Groos (R.J.H., 1937) to Dr. T. W. Walker; Alice Pidcock (R.J.H. 1939) to Lieut. George Lyle, R.C.A.; Florence McKay (R.J.H., 1939) to Mr. Haggstrong, R.C.A.F.

## MANITOBA

### WINNIPEG:

The annual meeting of the Winnipeg General Hospital Alumnae Association was held recently when the following officers were elected: Honourary president, Mrs. A. W. Moody; president, Miss Connie Lethbridge; first vice-president, Miss Kathryn McLearn; second vice-president, Miss Elsie Wilson; third vice-president, Mrs. S. Ward; recording secretary, Miss June Smith; corresponding secretary, Miss Alice Robertson; treasurer, Miss Florence Stratton; conveners for standing committees: program, Mrs. C. Kershaw; membership, Miss Audrey Porter; visiting, Miss Grace McKeevor; journal, Mrs. S. G. Horner; conveners for special committees: representative to school of nursing committee, Miss Gertrude Hall; representative to *The Canadian Nurse*, Miss Helen Smith; representative to doctors and nurses directory, Miss Alda Howard; archivist, Miss Mary Stewart; jubilee, Miss P. Bonnar; representative to Local Council of Women: Mrs. Thomas, Mrs. Randall; representative to Council of Social Agencies, Mrs. A. Speirs.

The graduation exercises of the Winnipeg General Hospital School of Nursing were held recently when 67 graduates received their diplomas and medals. A reception was later held for the graduates in the nurses home.

The Alumnae Association recently entertained the 1942 graduates at dinner when the president, Miss Constance Lethbridge, was in the chair, assisted by the honourary president, Mrs. A. W. Moody (1892).

Miss Gertrude Hall (1921) recently attended the annual meeting of the American Nurses Association held in Chicago.

The following marriages have recently taken place: Lillian Thomas (1941) to Dr. John Ridge; Helen B. Creery (1942) to Lieut. J. W. Battershill.

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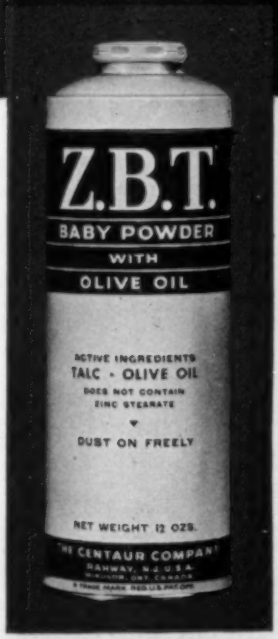
## NOVA SCOTIA

### HALIFAX:

The annual meeting of the Halifax Branch, R.N.A.N.S., was held recently. There was a large attendance, with good representation from the Army, Navy, and Air Force Nursing Services. The president, Miss Jane Hubley, was in the chair. Miss Lenta Hall, convener of the War Emergency Committee, stated that preparations were still continuing to meet possible emergencies. Twenty-two home nursing classes have been organized since the fall. Three hundred and sixty-one have received certificates. Miss Marjorie Jenkins reported that the Nurses Official

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The following officers were elected for the coming year: president, Miss Lillian Grady, B.Sc.; first vice-president, Miss Ruth Hart; second vice-president, Miss Gertrude Crosby; recording secretary, Miss Joyce MacDonald; corresponding secretary, Miss M. Hosterman; conveners of committees: publication and program, Miss D. Turner; general nursing, Miss Claire Otto; hospital and school of nursing. Miss J. Church; visiting, Mrs. Myrtle MacPherson; public health, Miss Marion Shore.

We look forward to a promising year under the capable direction of our new president. Miss Grady is a graduate of the Halifax Infirmary, and obtained her B.Sc. in nursing in St. Louis, Missouri. She is instructress of nurses at the Halifax Infirmary. A most interesting add ess was given by Surgeon Lieutenant Commander J. Wendell MacLeod, F.R.C.P. on the problem of medical care in Canada.

### New Glasgow:

Over a hundred nurses, ninety of whom were in uniform, attended the Vesper Service held in Trinity United Church, New Glasgow, on May 10.

Miss Hilda Meikle and Miss Lenora MacMillan were chosen to represent the Pictou Co. Branch, R.N.A.N.S. at the annual meeting of the Provincial Association held in June in Kentville.

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## ONTARIO

### District 1

### Sarnia:

A refresher course was held recently in Sarnia for graduate nurses. The lectures were very interesting and were well attended. The lectures were given by physicians on the following topics: obstetrics and gynecology; burns and shock; treatment of hemorrhage; treatments in ear, eye, nose and throat; blood bank and blood substitutes; pediatrics; new drugs; wounds and fractures. Demonstrations of the following procedures were in charge of Miss B. MacFarlane and Miss B. O'Malley: oxygen therapy, Wangensteen, suction drainage, intravenous infusion, blood transfusion, and blood plasma for transfusions. A demonstration of first aid was given by Dr. J. Mann, of the St. John Ambulance Corps.

The graduate nurses of Sarnia recently

held a tea and bake sale, from which $350 was raised in aid of the British Nurses Relief Fund.

The following marriages of Sarnia General Hospital graduates have recently taken place: Jean Revington (1933) to L. W. Lobsinger; Edith Hodgins (1933) to A. Thompson; Irene Hearns (1941) to L. H. Riseborough; Irene Dunford (1941) to S. Brock; Minnie Robbins (1941) to N. MacLean; Gertrude Knight (1934) to Philip Abel.

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## District 4

HAMILTON:

*St. Joseph's Hospital*:

The following officers have recently been elected by the Alumnae Association of St. Joseph's Hospital to serve during the coming year: Honourary president, Rev. Sr. M. Alfonsa; honourary vice-president, Rev. Sr. Mary Grace; president, Miss I. Loyst; first vice-president, Miss G. Neal; recording secretary, Miss F. Nicholson; corresponding secretary, Miss E. Moran; treasurer, Miss L. Curry; executive: Misses Crane, Dynes, Miller, McNanamy, Hays, Quinn, Markle, O'Neal; entertainment, Miss A. Williams; representative to *The Canadian Nurse*, Miss L. Johnson.

The graduating exercises of the School of Nursing of St. Joseph's Hospital were held recently. His Excellency, Bishop J. Ryan, presented 27 nurses with diplomas and pins, and gave a very inspiring address. The Alumnae Association entertained the new graduates with a delightful dinner and dance.

At a recent meeting of the Alumnae Association, it was reported that, to date, $77 had been collected for the British Nurses Relief Fund.

The following marriages have recently taken place: Jeanne Stevenson (1939) to Lieut. William Broadfoot, Medical Corps; Margaret Lottridge (1941) to Ralph Hill; Shirley Beck (1941) to Bill Mitchell; Ariel Bird (1941) to Ashton Smith.

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## District 5

*Toronto Department of Health, Division of Public Health Nursing*:

The Public Health Nurses Association of the Toronto Health Department held a tea at the Riverdale Isolation Hospital in honour of 130 volunteers who render such valuable aid at the Health Centres and schools each

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**WANTED**

Applications will be received from nurses for **General Staff Duty** in an interior British Columbia hospital, maintaining an all graduate nursing staff. The salary is $65.00 per month, with maintenance. Apply to:

**Kootenay Lake General Hospital, Nelson, B.C.**

**WANTED**

Applications are invited for **Graduate Nurses** from recognized schools for **General Duty.** Please enclose credentials when applying to:

**The Superintendent, Galt Hospital, Galt, Ont.**

**WANTED**

Applications are invited for the position of **Class Room Instructress** for a 100-bed Hospital. Apply, giving qualifications, experience, and salary expected, to:

**The Superintendent, General Hospital, Dauphin, Manitoba.**

**WANTED**

Positions as **General Duty Nurses** are available in the **Verdun Protestant Hospital** for the treatment of mental diseases. Applications from **Registered Nurses** are invited. Maintenance and a beginning salary of $50.00 per month are offered.

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year. Among those invited were His Worship the Mayor, Dr. McCallum, chairman of the Board of Health, all department medical officers, Dr. Alan Brown, Dr. Beverley Hannah, Dr. E. P. Lewis, Miss Ethel Cryderman, V.O.N., Miss Helen Heffernan, St. Elizabeth Visiting Nurses, Mr. Stapleford, N.W.A., Miss Touchburne, N.W.A., all hospital superintendents, Mrs. D. B. Sinclair, Miss Marian Emerson, Mrs. Kaspar Fraser, Miss Bessie Touzel, Mrs. Robert Conner, C.W.V.S., and Mrs. Graham Bryce, C.W.V.S. His Worship the Mayor spoke feelingly of the work accomplished by the nurses and volunteers. Miss Hickey, director of public health nurses, thanked the volunteers for their services. Miss Clara Vale, president of the Public Health Nurses Association, presented a bouquet of roses to Miss Matheson, superintendent of the Isolation Hospital, who has been the gracious hostess to the nurses and volunteers on many such occasions.

*Toronto Western Hospital*:

At the regular monthly meeting of the Toronto Western Hospital Alumnae Association held recently, the president, Mrs. Douglas Chant, was in the chair. The

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members of the graduating class were introduced and welcomed to the Alumnae Association. Mrs. Chant was chosen to attend the C.N.A. convention in Montreal in June, and Miss Verna Gibson to be the representative to the R.N.A.O.

Commemorating the birth date of Florence Nightingale, Miss F. H. M. Emory, of the University of Toronto School of Nursing, outlined Miss Nightingale's influence on the nursing profession and added that nurses might show their gratitude by being worthier members of a worthier profession.

The draw was made on a Red Cross raffle for a $50 cheque, War Savings Certificate, and other additional prizes, the members being very pleased with the proceeds of $450. A social hour followed.

The following marriages have recently taken place: Frances Fasken (1939) to W. Yonson; Jean McDonald (1937) to Dr. Fred Pearson.

### District 6

PETERBOROUGH:

The quarterly meeting of District 6, R.N.A.O., was held recently in Peterborough, with the chairman, Miss Irene Shaw, of Cobourg, presiding. The afternoon session was held at the Nicholls Hospital and was devoted to business. The Sisters of St. Joseph's Hospital presented an exhibit, made by the students of their school, in the interest of *The Canadian Nurse*. It depicts the first hospital on the Island of Montreal, with its foundress, Jeanne Mance. It was the unanimous wish of the meeting that it be forwarded to Windsor for the annual meeting. The members were very fortunate in having Miss Edna Moore, Chief Public Health Nurse of Ontario, speak at the dinner meeting on "Nursing in Wartime". She emphasized the pressing need of registration of all married and retired nurses as a source of supply in a national emergency, and urged that all nurses maintain their standards both during and following the war, not for themselves alone but for the nurses of other countries more severely tried than ours. The evening meeting was largely attended. Miss Claribel McCorquodale, Department of Radiology, Toronto General Hospital, gave her very interesting talk and film, "A Nurse Looks at Radiology". Refreshments were served by the members of Chapter C.

LINDSAY:

Miss Madalene Baker recently addressed a mixed gathering of nurses, the registry board, and other persons interested in community nursing service. Her address was both

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interesting and informative. At another meeting Dr. Grierson, of Sunderland, addressed the graduate nurses of the town and student body on his experiences in Korea as a medical missionary. This proved of great educational value at a time when the Orient seems so much closer to us.

Misses G. Lehigh, C. Fallis, and D. Currins attended the R.N.A.O. convention. Miss Lenore J. Harding has joined the R.C.A.M.C and is in Kingston. Miss Ethel M. Lowe has joined the R.C.A.M.C. and is in Ottawa. Miss Dorcas Herron is doing industrial nursing in Windsor.

In the April *Journal* it was incorrectly stated that Miss Effie McIntyre was on the staff of the Red Cross Hospital, Kirkland Lake. At present, Miss McIntyre is at the Presbyterian Hospital, New York. Miss Flora Moffatt is on the staff of the Red Cross Hospital, Kirkland Lake.

Married: Recently, Miss Jean Crittenden (1941) to Pte. Gordon Eberts.

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## District 8

### Ottawa:

*Ottawa General Hospital*:

On the occasion of Hospital Day members of the Alumnae Association of the School of Nursing of the Ottawa General Hospital gathered for the presentation and unveiling of the portrait of the fifth superintendent of the School of Nursing, Rev. Sister St. Flavie Domitille. An active member of the hospital staff for over 30 years, Sister Flavie was named superintendent of nurses in 1922, a position which she filled capably until her appointment as Superior a little over a year ago. Under her efficient direction, more than 500 young women were prepared to take their place in the nursing profession.

Guests were received by the Rev. Sister Superior, Miss Viola Foran, president of the Alumnae Association, and Miss Alice Proulx, vice-president. Miss Jeanne Frappier and Miss Bernadette Legris unveiled the portrait. Among the guests were the Rev. Mother General and the Council of the Grey Nuns of the Cross. Addresses were given in both English and French by Miss Isobel McElroy and Mrs. Herbert Plunkett.

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## QUEBEC

### Montreal:

*Montreal General Hospital*:

Miss Helen Hamilton (1933) and Miss Dorothy Barclay (1940) have been appointed Nursing Sisters with the Royal Cana-

dian Navy. Miss Lois Bailey (1937) and Miss Phyllis McElroy (1939) have been appointed Nursing Sisters with the R.C.A.M.C. Miss Katherine Hill (1940) and Miss Rosamund Wilson (1942) have accepted positions at the Arvida Hospital, Quebec. Miss Grace MacMaster (1929) is relieving in the operating room for the summer.

The following marriages have recently taken place: Grace A. Lindsay (1940) to Dr. Charles F. Hyndman; Nursing Sister Patricia de Merrall (1939) to Dr. W. H. Phillip Hill, R.C.A.M.C.; Gwenneth M. Sawers (1938) to Arthur S. Veysey; Margaret Vowles (1937) to Eric Millroy; Edith Little (1939) to AC John A. Tait, R.C.A.F.; Aline L. Fee (1939) to Flying Instructor John R. Mills, R.C.A.F.; Ruth Goodwin (1942) to Flight-Lieut. Kenneth Taylor, R.C.A.F.; Frances Randall (1939) to E. Brophy.

*Royal Victoria Hospital*:

The graduating exercises of the School of Nursing of the Royal Victoria Hospital were held recently, when Miss F. Munroe read an interesting report of the school, and the diplomas were presented by Dr. G. F. Stephens. The address was given by Dr. Frank McKenty, and Lady Meredith presented the prizes.

Miss Margaret MacLean (1941) is on duty at the Naval Base Hospital at St. John's, Newfoundland, and Miss Lilla Wright (1940) at Esquimalt, B.C. Miss Helen Murphy (1938) is in charge of a surgical ward at Grace Hospital, Detroit.

The following marriages have recently taken place: Ruth Forsyth (1941) to Dr. James Alan Scott; Edith Connell (1935) to William James MacPherson.

*McGill School for Graduate Nurses*:

A well-attended annual meeting of the Alumnae Association of the McGill School for Graduate Nurses was held recently, when reports from the various committees were read and approved. A letter of greeting to the Alumnae Association and of congratulations to the graduating class was read from Miss G. M. Fairley. A happy feature of the evening was the reception in honour of the members of the graduating class, at which time they were welcomed as members of the Alumnae Association.

A message of congratulations and good wishes was sent to Miss Elizabeth Smellie, C.B.E., R.R.C., Matron-in-Chief, R.C.A.M.C. Nursing Service, who has recently been honoured by the University of Western Ontario conferring upon her the honourary degree of LL.D. at their recent convocation. By this distinction, Miss Smellie has once again brought honour to the whole nursing profession.

The following officers were elected to

When First Real Meals Upset Baby

About 75 per cent of babies are allergic to one food or another say authorities. Which agrees and which does not can only be determined by method of trial. In case such allergic symptoms as skin rash, colic, gas, diarrhea, etc. develop, Baby's Own Tablets will be found most effective in quickly freeing baby's delicate digestive tract of irritating accumulations and wastes. These time-proven tablet triturates are gentle — warranted free from narcotics — and over 40 years of use have established their dependability for minor upsets of babyhood.

BABY'S OWN Tablets

Your White Shoes Deserve It

Nugget White Dressing will keep them neat and trim, always looking their best.

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NUGGET WHITE DRESSING

(the cake in the non-rust tin)

serve during the coming year: president, Miss M. I. Brady; vice-president, Miss W. McCunn; secretary-treasurer, Miss Jessie C. Cook; committee conveners: Flora Madeline Shaw Fund, Mrs. L. H. Fisher; finance, Miss E. F. Upton; program, Miss Rosamond Lamb; representatives to: Local Council of Women: Mrs. J. R. Taylor, Miss Eleanor Martin; *The Canadian Nurse*: Miss Clara Aitkenhead (convener), Miss Myrtle Graham, Miss Annesley, Miss J. Morris.

*St. Mary's Hospital*:

At a recent monthly meeting of the Alumnae Association of St. Mary's Hospital the guest speaker was the Rev. Hector Daly, S.J., national chaplain, C.C.Y.U.

QUEBEC CITY:

*Jeffery Hale's Hospital*:

The graduation exercises of the School of Nursing of Jeffery Hale's Hospital were held recently with a large number of friends and relatives present. The opening prayer was led by Rev. Matheson. Mr. J. T. Ross, assisted by Miss Lunam, presented the graduates with their pins and diplomas. Dr. A.R.F. Hubbard gave an interesting address and, following the exercises, a reception was held for the graduates in the beautifully-decorated lounge.

The Alumnae Association recently entertained the 1942 graduates at dinner, with the vice-president, Mrs. L. Teakle, in the chair. Miss Mayhew proposed the toast to the King, and Mrs. Fleming proposed a toast to our Alma Mater. Miss Lunam proposed an inspiring toast to the graduates, to which Miss Marsh replied. The class prophecy was given by Miss B. O'Neill. The guest speaker, Mrs. W. H. Delaney, spoke on "The Life of a V.A.D." which was enjoyed by all. Mrs. Pfeiffer proposed a toast to absent friends—especially to those on overseas service. A dance was given recently by the staff and Board of Governors in honour of the graduating class, and an enjoyable evening was had by all.

The members of the Jeffery Hale's Hospital staff recently honoured Miss M. E. Lunam on her appointment to the position of lady superintendent of the School of Nursing. On behalf of the staff, Miss C. Kennedy presented Miss Lunam with a sterling silver compact. Several members of the Alumnae Association recently gathered at the home of Mrs. Fleming to extend to the guest of honour, Miss Lunam, their good wishes. Mrs. Fleming presented her with a beautiful china dinner set, on behalf of the members. Refreshments were served by the hostess.

Miss M. Wilson (1941) has left Riverbend and is working on the staff of the Jewish General Hospital, Montreal. Miss E. Farquhar (1941) has accepted a position on the staff of the Children's Memorial Hospital, Montreal.

## SASKATCHEWAN

SASKATOON:

At a recent meeting of the Saskatoon Registered Nurses Association held at the Saskatoon City Hospital, an excellent report was submitted by Miss E. Fendley, delegate to the convention recently held in Moose Jaw, marking the Silver Jubilee of the S.R.N.A. She outlined the Convention in detail, bringing to the nurses unable to attend the sessions a very satisfactory report on nursing activities throughout the province for the past year. A donation was made to aid the Red Cross drive. The newly-elected officers for the year 1942-43 are as follows: president, Miss E. Fendley; first vice-president, Miss M. Bohl; second vice-president, Miss M. Tedford; secretary, Miss E. Hanna; honourary treasurer, Miss D. Duff; registrar and treasurer, Miss M. Urton; councillors: Miss K. W. Ellis, Miss R. Smith, Miss M. E. Grant, Miss M. R. Chisholm, Miss J. Whiteford, and Miss M. F. Finlayson.

HUMBOLDT:

A veritable "Crusade for Health" was sponsored here recently by the teaching staff of St. Elizabeth's Hospital School of Nursing, who undertook the formation of classes for a home nursing course. So spontaneous and rapid was the response that the number of entrants exceeded the expectation. Some sixty members applied, necessitating the formation of two groups as the regulation class allowed only 20-30 individuals to a group. The classes and demonstrations extended over a period of six weeks and were given weekly in the Hospital building. Sr. M. Hildegarde, superintendent of nurses, acted as chairman of the arrangement committee. The lecturers who gave their services to this worthy cause included: Dr. B. W. Hargarten, who gave a most instructive talk on prevention of communicable diseases and the care of communicable disease patients in the home; Sr. M. Annunciata (T. & S. 1940-41), instructor of nurses at St. Elizabeth's Hospital School of Nursing; Sr. M. Hildegarde; Sr. M. Floriann; Mrs. P. Rosenberg. The lecture on the care of the mouth and teeth, very ably presented by Dr. E. Sklar, concluded the course. The regular attendance, keen interest and enthusiasm shown by the participants was most encouraging to the instructors, who extend to all their sincerest hopes that the acquired knowledge will prove most useful and inspirational for the care of the sick in their homes.

# Official Directory

**International Council of Nurses**

**Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.**

## THE CANADIAN NURSES ASSOCIATION

**President**..... Miss Grace M. Fairley, Vancouver General Hospital, Vancouver, B.C.
**Past President** Miss Ruby M. Simpson, Department of Health, Parliament Buildings, Regina, Sask.
**First Vice-President**..... Miss Elizabeth L. Smellie, Department of National Defence, Ottawa, Ont.
**Second Vice-President** Miss Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, P. Q.
**Honourary Secretary** ..... Miss Kathleen I. Sanderson, 1105 Park Drive, Vancouver, B.C.
**Honourary Treasurer** .....Miss A. J. MacMaster, Moncton Hospital, Moncton, N.B.

### COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

***Numerals indicate office held:*** *(1) President, Provincial Nurses Association;* ***(2)Chairman, Hospital and School of Nursing Section;*** *(3) Chairman, Public Health Section;* *(4) Chairman, General Nursing Section.*

**Alberta:** (1) Miss Rae Chittick, 813-18th Ave. W., Calgary; (2) Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; (3) Miss Helen Garfield, 713-3rd St. E., Calgary; (4) Miss Annie Carlson, 112-10th Ave. N. W., Calgary.

**British Columbia:** (1) Miss M. Duffield, 1675 West 10th Ave., Vancouver; (2) Miss F. McQuarrie, Vancouver General Hospital; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. E. B. Thomson, 1095 West 14th St., Vancouver.

**Manitoba:** (1) Mrs. A. C. McFetridge, 418 Campbell St., Winnipeg; (2) Miss D. Ditchfield, Children's Hospital, Winnipeg; (3) Miss E. Rowlett, 125 Nassau St., Winnipeg; (4) Miss E. Campbell, 778 Ingersoll St., Winnipeg.

**New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss A. A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.**

**Nova Scotia: (1) Miss M. Jenkins, The Children's Hospital, Halifax; (2) Sister Mary Peter, St. Martha's Hospital, Antigonish; (3) Miss Jean Forbes, 314 Roy Building, Halifax; (4) Miss G. Porter, 115 South Park St., Halifax.**

**Ontario:** (1) Miss Mildred I. Walker, Institute of Public Health, London; (2) Miss Louise D. Acton, Kingston General Hospital; (3) Miss Winnifred Ashplant, 807 Waterloo St., London; (4) Miss Dorothy Ogilvie, 34 Gilchrist St., Ottawa.

**Prince Edward Island:** (1) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss M. Darling, Alberton; (4) Miss D. Hennessey, Charlottetown Hospital, Charlottetown.

**Quebec:** (1) Miss E. Flanagan, 3801 University Street, Montreal; (2) Miss M. Batson, Montreal General Hospital; (3) Miss A. Martineau, Dept. of Health, City of Montreal; (4) Miss A. M. Robert, 5484-A St. Denis St., Montreal.

**Saskatchewan:** (1) Miss M. R. Diederichs, Grey Nuns' Hospital, Regina; (2) Rev. Sister Mandin, St. Paul's Hospital Saskatoon; (3) Miss Gladys McDonald, 6 Mayfair Apts., Regina; (4) Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon.

**Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal.**

**Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.**

### OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

#### *Hospital and School of Nursing Section*

CHAIRMAN: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

COUNCILLORS: **Alberta:** Miss G. Bamforth, Royal Alexandra Hospital, Edmonton. **British Columbia:** Miss F. McQuarrie, Vancouver General Hospital. **Manitoba:** Miss D. Ditchfield, Children's Hospital, Winnipeg. **New Brunswick:** Miss Marion Myers, Saint John General Hospital. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss L. D. Acton, Kingston General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Reverend Sister Mandin, St. Paul's Hospital, Saskatoon.

#### *General Nursing Section*

CHAIRMAN: Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss F. M. H. Brown, Wolfville, N. S. Second Vice-Chairman; Miss P. Brownell, 212 Balmoral St., Winnipeg, Man. Secretary-Treasurer: Miss A. Conroy, 404 Regent St., London, Ont.

COUNCILLORS: **Alberta:** Miss A. Carlson, 112-10 Ave. N.W., Calgary. **British Columbia:** Mrs. E. B. Thomson, 1095 West 14th St., Vancouver. **Manitoba:** Miss E. Campbell, 778 Ingersoll St., Winnipeg. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss G. Porter, 115 South Park St., Halifax. **Ontario:** Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa. **Prince Edward Island:** Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown. **Quebec:** Miss A.M. Robert, 5484A St. Denis St., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805-7th Ave. N. Saskatoon.

#### *Public Health Section*

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 2570 Spruce St., Vancouver, B.C.

COUNCILLORS: **Alberta:** Miss Helen Garfield, 713-3rd St. E., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St. Vancouver. **Manitoba:** Miss E. Rowlett, 125 Nassau St., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre Saint John. **Nova Scotia:** Miss Jean Forbes, 314 Roy Bldg., Halifax. **Ontario:** Miss W. Ashplant, 807 Waterloo St., London. **Prince Edward Island:** Miss Margaret Darling, Alberton. **Quebec:** Mlle A. Martineau, Dept. of Health City of Montreal. **Saskatchewan:** Miss Gladys McDonald, 6 Mayfair Apts., Regina.

# Provincial Associations of Registered Nurses

## ALBERTA

### Alberta Association of Registered Nurses

Pres., Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Catherine M. Clibborn, University of Alberta Hospital, Edmonton; Sec. Vice-Pres., Sister M. Beatrice, St. Michael's Hospital, Lethbridge; Sec.- Treas. & Registrar, Mrs. A. E. Vango, St. Stephen's College, Edmonton; *Councillors*: Miss B. A. Beattie, Provincial Mental Hospital, Ponoka, Miss G. Bamforth, Miss H. M. Garfield, Miss A. J. Carlson; *Chairmen of Sections*: *Hospital & School of Nursing* Miss Gena Bamforth, Royal Alexandra Hospital, Edmonton; *Public Health*, Miss Helen M. Garfield, 713-3rd St. E., Calgary; *General Nursing*, Miss Annie J. Carlson, 112-10th Ave. N. W., Calgary; *Rep.* to *The Canadian Nurse*, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton.

### Ponoka District, No. 2, Alberta Association of Registered Nurses

Chairman, Miss Margaret McLean; Vice-Chairman, Miss Karen Westerlund; Secretary-Treasurer, Miss Margaret Tamblyn, Provincial Mental Hospital, Ponoka; *Representative* to *The Canadian Nurse*, Miss Nessa Leckie.

### Calgary District, No. 3, Alberta Association of Registered Nurses

Chairman, Miss Kathleen Connor, Central Alberta Sanatorium; Vice-Chairman, Miss M. Deane-Freeman; Secretary, Miss M. Richards, Holy Cross Hospital, Calgary; Treasurer, Miss M. Watt; *Conveners of Sections*: *Hospital & School of Nursing*, Miss J. Connal; *Public Health*, Miss A. Dick; *General Nursing*, Miss G. Thorne.

### Medicine Hat District, No. 4, Alberta Association of Registered Nurses

Pres., Miss C. E. Mary Rowles, M.H. General Hospital; Vice-Pres., Miss M. Hagerman, Y.W.C.A.; Sec.-Treas. Miss M.M. Webster, 558 Fourth St.; *Entertainment Committee*: Miss Green, Miss Weeks, Mrs. D. Fawcett; *Convener & Treas. of Social Service Dept.*, Mrs. G. Crockford; *Representatives* to: *Red Cross*: Misses J. Lus, E. Sengh; *War Council*, Miss L. Green.

### Edmonton District, No. 7, Alberta Association of Registered Nurses

Chairman, Miss I. Johnson; First Vice-Chairman, Mrs. O. Porritt; Sec. Vice-Chairman, Rev. Sr. Clotilda; Sec., Miss G. Bamforth, Royal Alexandra Hospital, Edmonton; Treas., Miss V Leadlay; *Committee Conveners*: *Program*, Miss H. McArthur; *Membership*, Miss Lindsay; *Reps.* to: *Local Council of Women*, Miss V. Chapman; *The Canadian Nurse*, Miss G. Vicars.

### Lethbridge District, No. 8, Alberta Association of Registered Nurses

Chairman, Miss Jean MacKenzie, 1120 Sixth Avenue, South, Lethbridge; Vice-Chairman, Miss Ann Kostuik; Secretary, Miss Marjorie Bair, Galt Hospital, Lethbridge; Treasurer, Miss Ruth Hooper.

## BRITISH COLUMBIA

### Registered Nurses Association of British Columbia

Pres., Miss M. Duffield, 1675-10th Ave. W., Vancouver; First Vice-Pres., Miss M. E. Kerr; Sec. Vice-Pres., Miss G. M. Fairley; Sec., Miss P. Capelle, Rm. 715, Vancouver Block, Vancouver; Registrar, Miss Evelyn Mallory, Rm. 715, Vancouver Block, Vancouver; *Councillors*: Miss E. Clark, Miss L. Creelman, Sr. Columkille, Sr. M. Gregory, Miss F. H. Walker; *Conveners of Sections*: *Hospital & School of Nursing*, Miss F. McQuarrie, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St. Vancouver; *General Nursing*, Mrs. E. B. Thomson, 1095 W. 14th Ave., Vancouver; *Press*, Miss M. E. Macdonell, 2570 Spruce St., Vancouver.

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## NEW BRUNSWICK

### New Brunswick Association of Registered Nurses

Pres., Sister Kerr, Hotel Dieu Hospital, Campbellton; First Vice-Pres., Miss A. J. MacMaster; Sec. Vice-Pres., Miss L. Smith; Hon. Sec., Miss L. Bartsch; *Councillors*: Mrs. G. E. van Dorsser, Saint John; Miss D. Parsons, Fredericton; Sister Anne de Parede, Moncton; Miss B. M. Hadrill, Newcastle; Miss L. Bartsch, Saint John; Misses R. Follis, M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Sec-Treas.-Registrar, Miss Alma Law, Health Centre, Saint John; *Conveners of Sections*: *Hospital & School of Nursing*, Miss M. Myers; *General Nursing*, Miss M. Kay; *Public Health*, Miss A. A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *Instruction*, Miss Boyd, St. Stephen; *The Canadian Nurse*, Miss H. Cahill.

## NOVA SCOTIA

### Registered Nurses Association of Nova Scotia

Pres., Miss Marjorie Jenkins, Children's Hospital, Halifax; First Vice-Pres., Mrs. D. J. Gillis, Windsor Jct.; Sec. Vice-Pres., Miss J. Watkins, 63 Henry St., Halifax; Third Vice-Pres., Miss A. E. Fenton, Dalhousie P. H. Clinic, Halifax; Rec. Sec., Mrs. C. W. Bennett, 98 Edward St., Halifax; Registrar-Treasurer-Corresponding Secreta-

ry, Miss Jean C. Dunning, 413 Dennis Bldg., Halifax; *Rep.* to *The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

## ONTARIO

### Registered Nurses Association of Ontario

Pres., Miss Mildred I. Walker; First Vice-Pres., Miss J. Masten; Sec. Vice-Pres., Miss M. B. Anderson; Sec.-Treas., Miss Matilda E. Fitzgerald, Rm. 630, 86 Bloor St. W., Toronto; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss L. D. Acton, Kingston General Hospital; *General Nursing*, Miss D. Ogilvie, 34 Gilchrist Ave., Ottawa; *Public Health*, Miss W. Ashplant, 807 Waterloo St., London; *Chairmen of Districts*: Mrs. C. Salmon, Miss M. Bliss Miss M. Buchanan, Miss K. McNamara, Miss I. Shaw, Miss M. Crawford, Miss M. Stewart, Miss J. Smith, Miss M. Buss.

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#### District 4

Chairman, Miss M. Buchanan; First Vice-Chairman, Miss E. Ewart; Sec. Vice-Chairman, Miss A. Scheifele; Sec.-Treas., Miss G. Coulthart, 192 Wellington St. N., Hamilton; *Councillors*: Sister Mary Grace, Misses Brewster, Cameron, Wright, Mrs. Day, N/S Boyd; *Conveners*: *Hospital & School of Nursing*, Sr. Eileen; *Public Health*, Miss H. Snedden; *General Nursing* Miss S. Murray; *Emergency Nursing*, Mrs. A. Haygarth.

#### District 5

Chairman, Miss K. McNamara; First Vice-Chairman, Miss P. Morrison; Sec.-Treas., Mrs. G. L. Williamson 24 Drake Cres., Scarboro Bluffs; *Councillors*: Misses I. Weirs, G. Jones, J. Mitchell, E. Grant, R. Russell, A. Reddon; *Committee Conveners*: *General Nursing*, Miss M. Hughes; *Public Health*, Miss L. Pettigrew; *Hospital & School of Nursing*, Miss B. MacPhedran.

#### District 6

Chairman, Miss I. Shaw; First Vice-Chairman, Miss M. McKenzie; Sec. Vice-Chairman, Miss E. Covert; Third Vice-Chairman, Miss E. Wright; Sec.-Treas., Miss V. Taylor, General Hospital, Cobourg; *Conveners*: *Hospital & School of Nursing*, Miss E. Young; *General Nursing*, Mrs. E. Brackenridge; *Public Health*, Miss H. McGeary; *Membership*, Miss N. Brown; *Enrolment*, Miss E. Meeks; *Finance*, Miss F. Fitzgerald.

#### District 7

Chairman, Miss M. Crawford; Vice-Chairman, Miss E. Ardill; Sec.-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Misses E. Freeman, V. Manders, Hanna, E. Moffatt, Gavan, Rev. Sr. Donovan; *Conveners*: *Hospital & School of Nursing*, Miss L. Acton; *General Nursing*, Miss E. MacLean; *Public Health*, Miss D. Storms; *Rep.* to *The Canadian Nurse*, Miss B. Coulter.

#### District 8

Chairman, Miss M. Stewart; First Vice-Chairman, Rev. Sr. M. Evangeline; Sec. Vice-Chairman, Miss P. Walker; Sec.-Treas., Miss J. Stock, 390 Chapel St., Ottawa; *Councillors*: Misses I. Allen, L. Brulé, W. Cooke, V. Foran, M. Lowry, H. O'Meara; *Conveners*: *Hospital & School of Nursing*, Rev. Sr. St. Godfrey; *Public Health*, Miss C. Livingston; *General Nursing*, Miss F. Nevins; *Pembroke Chapter*, Mrs. B. Kipke; *Cornwall Chapter*, Miss M. McWhinnie; *Rep.* to *The Canadian Nurse*, Miss H. Tanner.

#### District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss K. MacKenzie, North Bay; Sec. Vice-Chairman, Miss A. McGregor, Sault Ste. Marie; Sec., Miss F. Geddis, Plummer Memorial Hospital, Sault Ste. Marie; Treas., Miss R. Buchanan, Sanitarium P. O.; *Conveners*: *Public Health*, Miss H. E. Smith, New Liskeard; *Hospital & School of Nursing*, Miss A. Riordan, Sudbury; *General Nursing*, Mrs. E. Sheridan, Sudbury; *The Canadian Nurse*, Sr. Teresa of the Sacred Heart, Sault Ste. Marie.

#### District 10

Chairman, Miss M. Buss, The Sanatorium, Fort William; Vice-Chairman, Miss B. Roberts; Sec.-Treas., Miss D. Chedister, General Hospital, Port Arthur; *Councillor*, Miss A. Baillie; *Committee Conveners*: *Hospital & School of Nursing*, Miss M. Flanagan; *Public Health*, Miss E. Newson; *General Nursing*, Miss I Morrison; *Program Committee*: Misses V. Lovelace, H. MacNaughton.

## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses Association

Pres., Miss Katharine MacLennan, Provincial Sanatorium, Charlottetown; Vice-Pres., Miss Mary Devereaux, New Haven; Sec., Miss Anna Mair, P.E.I. Hospital, Charlottetown; Treas. & Registrar, Rev. Sr. M. Magdalen, Charlottetown Hospital; *Chairmen of Sections*: *Hospital & School of Nursing*, Miss Georgie Brown, Prince Co. Hospital, Summerside; *General Nursing*, Miss Dorothy Hennessey, Charlottetown Hospital, Charlottetown; *Public Health*, Miss Margaret Darling, Alberton.

## QUEBEC

### Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rév. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Alice Albert; Honourary Treasurer, Miss Fanny Munroe; *Members without Office*: Misses Marion Nash, Mary Ritchie, Miles Roy, Martineau, Beaumier; *Advisory Board*: Misses Jean S. Wilson, Margaret L. Moag, Catherine M. Ferguson, Marion Lindeburgh, Miles Anysie Deland, Maria Beaumier, Edna Lynch; *Conveners of Sections*: *General Nursing* (English), To be appointed; *General Nursing* (French), Mlle Anne-Marie Robert, 5484-A rue St. Denis, Montreal; *Hospital and School of Nursing* (English), Miss Martha Batson, Montreal General Hospital; *Hospital and School of Nursing* (French), Rév. Soeur Mance Décary, Hôpital Notre-Dame, Montréal; *Public Health* (English), Miss Kathleen Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, 1034 rue St. Denis, Apt. 6, Montreal; *Board of Examiners*: Miss Mary Mathewson (convener), Misses Norena S. Mackenzie, Madeleine Flander, Miles Alexina Marcheaault, Anysie Deland, Suzanne Giroux; Exe-

cutive Secretary, Registrar, and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. West, Montreal.

### SASKATCHEWAN

**Saskatchewan Registered Nurses Association (Incorporated 1917)**

Pres., Miss M. R. Diederichs, Regina Grey Nuns' Hospital; First Vice-Pres., Miss M. E. Ingham, Moose Jaw General Hospital; Sec. Vice-Pres., Miss E. R. Pearston, Melfort; *Councillors*: Miss M. E. Grant, 922-9th Ave. N., Saskatoon; Rev. Sister Hildegarde, St. Elizabeth's Hospital, Humboldt; *Chairmen of Sections*: *General Nursing*, Miss M. R. Chisholm, 805-7th Ave. N., Saskatoon; *Hospital & School of Nursing*, Rev. Sister Mandin, St. Paul's Hospital, Saskatoon; *Public Health*, Miss Gladys McDonald, 6 Mayfair Apts., Regina; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

**Regina Registered Nurses Association**

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## Alumnae Associations

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**A.A., Vegreville General Hospital, Vegreville**

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**A.A., St. Paul's Hospital, Vancouver**

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**A.A., Vancouver General Hospital, Vancouver**

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**A.A., Royal Jubilee Hospital, Victoria**

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**A.A., St. Joseph's Hospital, Victoria**

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## MANITOBA

### A.A., St. Boniface Hospital, St. Boniface

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### A.A., Children's Hospital, Winnipeg

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### A.A., Winnipeg General Hospital, Winnipeg

Hon. Pres., Mrs. A. W. Moody; Pres., Miss C. Lethbridge; First Vice-Pres., Miss K. McLearn; Sec. Vice-Pres. Miss E. Wilson; Third Vice-Pres., Mrs. S. Ward; Rec. Sec., Miss J. Smith; Corr. Sec., Miss A. Robertson, 112 Royal St.; Treas., Miss F. Stratton; *Committee Conveners*: *Program*, Mrs. C. Kershaw; *Membership*, Miss A. Porter; *Visiting*, Miss G. McKeevor; *Journal*, Mrs. S. G. Horner; *Archivist*, Miss M. Stewart; *Jubilee*, Miss P. Bonnar; *Reps. to*: *School of Nursing Committee*, Miss G. Hall; *The Canadian Nurse*, Miss H. Smith; *Doctors & Nurses Directory*, Miss A. Howard; *Local Council of Women*; Mmes Thomas, Randall; *Council of Social Agencies*, Mrs. A. Speirs.

## NEW BRUNSWICK

### A.A., Saint John General Hospital, Saint John

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### A.A., Glace Bay General Hospital, Glace Bay

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### A.A., Halifax Infirmary, Halifax

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### A.A., Victoria General Hospital, Halifax

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## ONTARIO

### A.A., Belleville General Hospital, Belleville

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### A.A., Brantford General Hospital, Brantford

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### A.A., Brockville General Hospital, Brockville

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### A.A., Public General Hospital, Chatham

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### A.A., St. Joseph's Hospital, Chatham

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**A.A., Cornwall General Hospital, Cornwall**

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**A.A., Galt Hospital, Galt**

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**A.A., Guelph General Hospital, Guelph**

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**A.A., St. Joseph's Hospital, Guelph**

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**A.A., Hamilton General Hospital, Hamilton**

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**A.A., St. Joseph's Hospital, Hamilton**

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**A.A., Kingston General Hospital, Kingston**

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**A.A., Kitchener and Waterloo General Hospital, Kitchener**

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**A.A., St. Mary's Hospital, Kitchener**

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**A.A., Ross Memorial Hospital, Lindsay**

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**A.A., Ontario Hospital, London**

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**A.A., St. Joseph's Hospital, London**

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**A.A., Victoria Hospital, London**

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**A.A., Niagara Falls General Hospital, Niagara Falls**

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**A.A., Orillia Soldiers' Memorial Hospital, Orillia**

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**A.A., Oshawa General Hospital, Oshawa**

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**A.A., Ottawa Civic Hospital, Ottawa**

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**A.A., Ottawa General Hospital, Ottawa**

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**A.A., St. Luke's Hospital, Ottawa**

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**A.A., Owen Sound General and Marine Hospital, Owen Sound**

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**A.A., Sarnia General Hospital, Sarnia**

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**A.A., Stratford General Hospital, Stratford**

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**A.A., St. Thomas Memorial Hospital, St. Thomas**

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**A.A., The Grant Macdonald Training School for Nurses, Toronto**

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### A.A., Riverdale Hospital, Toronto

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